



PLAYER REGISTRATION FORM

This Form is to be completed in full and submitted with the supporting documents required for processing.

Registering Club	City SUNRISE
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Player Information	
Name	SIHELELA
Surname	BANGANI
ID Number	

Residential Information	
Address	9 NEW REST STREET
	MASAKHANE
	GANSBAAI
	7220

Contact Information	
Contact Number (Cell):	
E-mail:	

Declaration

I hereby declare that I will adhere to the Community Football Federation Competition Rules as required in my participation in all its competitions. I will behave myself accordingly and show myself to be a good example to those in my community and consider myself an ambassador for the Federation.

Signature:	
Date:	23/08/2024

FOR OFFICIAL PURPOSES ONLY

Unique Player Number:	
ID Photo (clear & recent)	ID Copy (clear)
Transfer/ Clearance Certificate	

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD



Surname: **BANGANI**
Names: **SIKELELWA**
Sex: **M**
Nationality: **RSA**
Identity Number: **0112216033087**
Date of Birth: **21 DEC 2001**
Country of Birth: **RSA**
Status: **CITIZEN**



Signature



ID