



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	Likho
Surname	MAJALI
ID Number	090316 6270 087

Residential Information	
Address	43 THAMBO STREET
	MASAKIANE
	GRANSBAAI
	7220

Contact Information	
Contact Number (Cell):	071 821 4303
E-mail:	

Declaration	
<p>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.</p>	
Signature:	
Date:	23/08/2024

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



home affairs

G5391279

Department:
Home Affairs

ABRIDGED

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REPUBLIC OF SOUTH AFRICA

BIRTH CERTIFICATE

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

CHILD'S ID NO: 090316 6270 08 7
 SURNAME: MAJALI
 FIRST NAMES: LIKHO
 DATE OF BIRTH: 2009-03-16
 GENDER: MALE
 COUNTRY OF BIRTH: SOUTH AFRICA

DATE OF ISSUE: 2019-01-31

ISSUED BY: YDW202


 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
 PRIVATE BAG 9001
 CAPE TOWN 7800
 2019 -01- 31

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