



## 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	Limnandi
Surname	MAJARANA
ID Number	0308265651080



Residential Information	
Address	36 HIGHWAY STREET
	MASAKHANE
	GRANSBAAI
	7220

Contact Information	
Contact Number (Cell):	083 219 4934
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:	L. MAJARANA
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:  
**MAJARANA**  
Names:  
**LIMNANDI PATRICK**  
Sex:  
**M**  
Nationality:  
**RSA**  
Identity Number:  
**0308265651080**  
Date of Birth:  
**26 AUG 2003**  
Country of Birth:  
**RSA**  
Status:  
**CITIZEN**

  
Signature:  
*L. Majarana*

Conditions:  
This card has been issued by the  
Department of Home Affairs in terms of the  
Identification Act, Act 68 of 1997  
If found please return to the Department of Home Affairs  
For enquiry or verification purposes contact 0800 80 11 90

Date of Issue:  
**18 NOV 2020**

  
**114393421**  
  
