

PLAYER REGISTRATION FORM

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

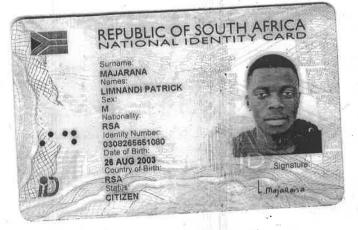
Registering Club	City SUNRISE		
Player Information			
Name	Limnandi		
Surname	MAJARANA		
ID Number	0308265651080		
Residential Information			
Address	36 HIGHWAY STREET MASAKHANE GANSBAAI 7220		
Contact Information			
Contact Number (Cell): E-mail:	083 219 4934		

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: LMAJAKANA
Date: 23/08/2024

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



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 rature to the Department of Home Affairs for enquiry or verification purposes contact 0800 80 11 90

Date of Issue: 18 NOV 2020

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