



PLAYER REGISTRATION FORM

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

Registering Club **City Sunrise**

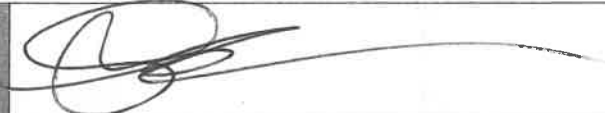
Player Information
 Name **THANDUXOLO**
 Surname **TEKETA**
 ID Number **0611045419087**

Residential Information
 Address **04 POLO PARK
 MASAKHANE
 CIANSBARI
 7220**

Contact Information
 Contact Number (Cell): **071 755 8943**
 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:
TEKETA
Names:
THANDUXOLO
Sex:
M
Nationality:
RSA
Identity Number:
9611045419087
Date of Birth:
04 NOV 1996
Country of Birth:
RSA
Status:
CITIZEN



Signature: _____

Conditions: _____ Date of Issue: **14 OCT 2022**

**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 90 11 90

RSA

119197309

