



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	MASIXOIE COIEN
Surname	MBOVU
ID Number	080404 6110 088

Residential Information	
Address	28 POLA PARK
	MASATHANE
	STANSBRAF
	7220

Contact Information	
Contact Number (Cell):	
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



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DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

STATISTICS BRANCH OF THE POPULATION DEVELOPMENT AND RESEARCH

ABRIDGED
BIRTH CERTIFICATE

CHILD'S ID NO: 080404 6116 08 8

SURNAME: MBOVU

FIRST NAMES: MASIXOLE COLEN

DATE OF BIRTH: 2008-04-04

GENDER: MALE

COUNTRY OF BIRTH: SOUTH AFRICA