



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 **Linamandla**
 Surname **mdoda**
 ID Number **0910309 6435 081**

Residential Information
 Address **42 HANI STREET
 MASOKHANE
 CITRUSBAAT
 7220**

Contact Information
 Contact Number (Cell):
 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



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

G 3067546

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER
**ABRIDGED
BIRTH CERTIFICATE**

CHILD'S ID NO: 090309 6435 08 1
SURNAME: MDODA
FIRST NAMES: LINAMANDLA
DATE OF BIRTH: 2009-03-09
GENDER: MALE
COUNTRY OF BIRTH: SOUTH AFRICA

DATE OF ISSUE: 2018-11-13 ISSUED BY: YDW206

[Signature] - 10814954

DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X03
CALEDON 7230
2018 -11- 13
CALEDON (47)

