

PLAYER REGISTRATION FORM

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

Registering Club	BYPREIS FC
Player Information	
Name	AKHONA KONKO
Surname	1009196344087
ID Number	9009146344087
and the supportion	
Residential Information	
Address	NO.5 WALTER SISULU STREET WASAKHIMIE
	CIAMBAD!
	7220
Contact Information	
Contact Number (Cell):	MA
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:	16-02-2024
FOR OFFICIAL PURPOSES ONLY	
Unique Player Numbe	Transfer/ Clearance Certificate
ID Photo (clear & recent)	

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I.D.No. 900919 6044 08 7

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OORNAME/FOREMAMES AKHONA KENNETH

SOUTH AFRICA

DATUM ÜLTGEREIK DATE ISBUED

2010-05-25 Diyohheik op obead van din