



# PLAYER REGISTRATION FORM

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

Registering Club **JEMBE COSMO FC**

**Player Information**  
Name **IWA**  
Surname **DIKO**  
ID Number **040507 5540 089**

**Residential Information**  
Address **Impale street  
Bredasdorp  
7280**

**Contact Information**  
Contact Number (Cell): **076 180 7674**  
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: **I. DIKO**  
Date:

## 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:

**DIKO**

Names:

**IVA**

Sex:

**M**

Nationality:

**RSA**

Identity Number:

**0405075540089**

Date of Birth:

**07 MAY 2004**

Country of Birth:

**RSA**

Status:

**CITIZEN**



Signature:

*I. Diko*

