



PLAYER REGISTRATION FORM

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

Registering Club	MORNING STARS
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Player Information	
Name	ZOLISA LAURANCE
Surname	MAYALANI
ID Number	880620 6581 086

Residential Information	
Address	6123
	Jane street
	Musekhane Gaurbaai

Contact Information	
Contact Number (Cell):	0717140018
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.

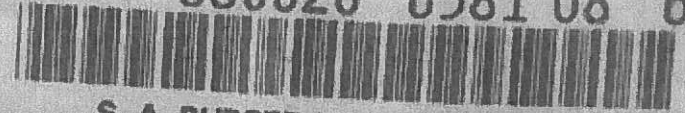
Signature:	
Date:	22/08/2024

FOR OFFICIAL PURPOSES ONLY

Unique Player Number:	
ID Photo (clear & recent)	ID Copy (clear)
Transfer/ Clearance Certificate	

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I.D.No. 880620 6581 08 6



S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
MAGALANI

VOORNAME/FORENAMES
ZOLISA LAURANCE

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1988-06-20

DATUM UITGEREIK
DATE ISSUED

2010-07-01



UITGEREIK OP BEGAO VAN DIE
DIRKTEUR-GENERAAL:
BINNELANDE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS