

PLAYER REGISTRATION FORM

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

| Registering Club | Molning STARS |
|--------------------------------------|--|
| Player Information | |
| Name | ALIVE |
| Surname | Gerem |
| ID Number | 0604205733081 |
| Residential Information | |
| Address | 6123 |
| | Jana street Marekhare Gensber |
| | Markhare |
| | Skysteri |
| Contact Information | |
| Contact Number (Cell): | 0717140018 |
| E-mail: | |
| | |
| Declaration | |
| my participation in all its competit | e to the Community Football Federation Competition Rules as required in tions. I will behave myself accordingly and show myself to be a good ity and consider myself an ambassador for the Federation. |
| Signature: | iljectar |
| Date: | 20/08/2024 |
| | DOCCIONAL DUDDOCCO ONILV |
| | R OFFICIAL PURPOSES ONLY |
| Unique Player Number: | |
| ID Photo (clear & recent) | ID Copy (clear) Transfer/ Clearance Certificate |



Type / Type Country code / Code du pays
PC ZAF
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SELEM
Civen names / Prénoms
ALIVE
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ZAF
Den cf lith / DE19 de paissance
ZO APR 2006
Sex / Soxo Paco of birth / Lieu de paissa
M ZAF
Cote of ssue / Date de délorance
20 AUG 2019 4
Date of supiry / Date d'arpiration
19 AUG 2024

Authority/Autorite
DEPT OF HOME AFFAIRS
House's signature of Control of SIGN