



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	APHWE
Surname	PHALAMAHASHE
ID Number	0712296179088

Residential Information	
Address	6123 Jaya street Nqoswane Gausbea
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:	20/08/2024

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



B 6929120
DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

83/BI-5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

BIRTH/GEBOORTE

IDENTIFICATION NUMBER: 071229 6179 08 8

NAME: PALAMAHASHE

ST. NAME: ADHIWE

DATE OF BIRTH: 2007-12-29
BOORTEDATUM:

SEX: MALE
SLAG:

COUNTRY OF BIRTH: SOUTH AFRICA
BOORTELAND:

DATE ISSUED: 2008-06-20
ISSUED BY: YDW217
UITGEREIK DEUR:

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