



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	SIWAPHINOILE
Surname	DABULA
ID Number	9910156176084

Residential Information	
Address	6123
	Yana street
	Masekhane
	Gansbari
Contact Information	
Contact Number (Cell):	063 224 7833
E-mail:	

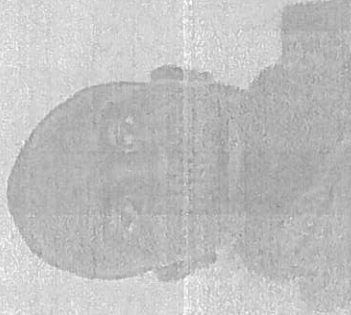
Declaration	
<p>I hereby declare that I will adhere to the Community Football Federation Competition Rules as required in my participation in all its competitions. I will behave myself accordingly and show myself to be a good example to those in my community and consider myself an ambassador for the Federation.</p>	
Signature:	
Date:	20/08/2024

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
DABULA
Name
SIWAPHINDILE
Sex
M
Nationality
RSA
Identity Number
9810165176083
Date of birth
18 OCT 1989
Country of Birth
RSA
Status
CITIZEN



Signature

[Handwritten signature]



ID