

PLAYER REGISTRATION FORM

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

Decistoring Club	MORNING STARS
Registering Club	MOKNING STARS
Player Information	
Name	& SIJAMBUSA
Surname	KRATSHA
ID Number	9507145722083
Residential Informat	ion
Address	6123
	Jana street
	Magakhane
	Ganchaei
Contact Information	
Contact Number (Ce	ell): 0717/40018
E-mail:	
Declaration	
my participation in all its cor	dhere to the Community Football Federation Competition Rules as required in npetitions. I will behave myself accordingly and show myself to be a good nmunity and consider myself an ambassador for the Federation.
Signature	Take
Date:	20/08/2024
	FOR OFFICIAL PURPOSES ONLY
	FOR OFFICIAL PURPOSES ONLY
Unique Player Num	
ID Photo (clear & recent)	ID Copy (clear) Transfer/ Clearance Certificate



REPUBLIC OF SOUTH AFRICA

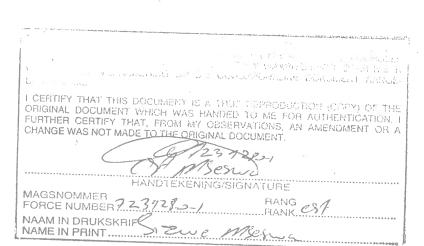


Surname: KRATSHA Names: SIYAMBUSA Sex: RSA









This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997 If found please return to the Department of Home Affairs For enquiry or verification purposes contact 0800 80 11 90

SUID AFRIKAANSE POLISIEDIEN STASIEKOMMISSARIS AANGEVESE BEAMPTE 15-02-2021 STATION COMMISSIONEL DE DIRENTATED OFFICIAL GANGBAAT SOUTH AFRICAN POLICE SERVICE



23 MAY 2019