



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	APHELELE
Surname	MUSA
ID Number	9608216192089

Residential Information	
Address	6123 Jawa street Mwathane Gansbaai

Contact Information	
Contact Number (Cell):	067 735 6543
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:	20/03/2024

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



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Family Name
MDIYA

Given Name
APHELELE

Sex
M

Country of Birth
RSA

Identity Number
9608216192089

Date of Birth
21 AUG 1996

Country of Birth
RSA

Status
CITIZEN



Signature



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 60 11 90

13 AUG 2019

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