



PLAYER REGISTRATION FORM

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

| | |
|------------------|---------------|
| Registering Club | MORNING STARS |
|------------------|---------------|

| Player Information | |
|--------------------|---------------|
| Name | NZAMO |
| Surname | SIKAOE |
| ID Number | 0009116111080 |

| Residential Information | |
|-------------------------|---|
| Address | 6123 Jana Street Marekhuare Gensbaai |

| Contact Information | |
|------------------------|------------|
| Contact Number (Cell): | 0717140016 |
| 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: | <i>[Handwritten Signature]</i> |
| Date: | 20/05/2024 |

| 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
SIKADE

Names
MZAMO

Sex
M

Nationality
RSA

Identity Number
0009116111050

Date of Birth
11 SEP 2000

Country of Birth
RSA

Status
CITIZEN



Signature

Handwritten signature



ID