



## 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	AVIWE
Surname	RASMENI
ID Number	9101045742084

Residential Information	
Address	6123 Jane street Meehan Ganbari
Contact Information	
Contact Number (Cell):	068 376 7416
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



**REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD**

Surname:  
**RASMENI**

Names:  
**AVIWE**

Sex:  
**M**

Nationality:  
**RSA**

Identity Number:  
**9101045742084**

Date of Birth:  
**04 JAN 1991**

Country of Birth:  
**RSA**

Status:  
**CITIZEN**



Signature

