



# 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	ADIELELE
Surname	MBAMBANI
ID Number	0701066384085

Residential Information	
Address	6123 Yona Street Masiphane Gambae

Contact Information	
Contact Number (Cell):	0717140018
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:	20/07/2024

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

REPUBLIC OF SOUTH AFRICA  
ABRIDGED  
BIRTH CERTIFICATE

IDENTIFICATION NUMBER: 078108 6384 09 5  
SURNAME: MRABANI  
FIRST NAME: APHELELE  
DATE OF BIRTH: 2007-01-06  
SEX: MALE  
PLACE OF BIRTH: SOUTH AFRICA

DATE OF ISSUE: 16/01/07

