



## 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	EMILE
Surname	JANSEN
ID Number	0304035482088

Residential Information	
Address	6123 Jane Street Masekane Gansbaai
Contact Information	
Contact Number (Cell):	071 7140018
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:

**JANSEN**

Names:

**EMILE**

Sex:

**M**

Nationality:

**RSA**

Identity Number:

**0304035482088**

Date of Birth:

**03 APR 2003**

Country of Birth:

**RSA**

Status:

**CITIZEN**



Signature

**E. JAN**

