



# 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	ZOLA
Surname	NILOKO
ID Number	0402075524080

Residential Information	
Address	6123 Jawa Street Marakhave Gambaja
Contact Information	
Contact Number (Cell):	07171 40018
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  
**NTLOKO**

Sex  
**ZOLA**

Nationality  
**M**

RSA  
Identity Number  
**0402075304080**

Date of Birth  
**07 FEB 2004**

Country of Birth  
**RSA**  
Status  
**CITIZEN**



Signature