

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	Moxisi
Surname	SOGWAGNA
ID Number	9503076102080
Residential Informat	
Address	6123 Jane Street Maskaa:
Contact Information	
Contact Number (Ce	11): 07/7/40018
E-mail:	
Declaration	
my participation in all its cor	here to the Community Football Federation Competition Rules as required in petitions. I will behave myself accordingly and show myself to be a good munity and consider myself an ambassador for the Federation.
Signature:	(FAY)
Date:	00/08/2024
	, ,
	FOR OFFICIAL PURPOSES ONLY
Unique Player Num	per:
Offique i layer i tairi	

1

I.D. No. 950307 6102 080

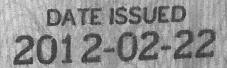


S.A.CITIZEN

SOGWAGWA

FORENAMES MOYISI

SOUTH AFRICA
DATE OF BIRTH
1995-03-07



ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL HOME AFFAIRS