

## **PLAYER REGISTRATION FORM**

This Form is to be completed in full and submitted with the supporting documents required for processing.

Registering Club .	Marine United Fo	
Player Information i		
Name	Dymisani	
Surname	Wiwana	
ID Number	9709135811088	
	170 1.000	
Residential Information		
Address	70071	
Address	320 Zola street	
	Masakhene	
	Gansbaci	
	7770	
Contact Information		
Contact Number (Cell):	073688 9049	
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.		
example to those in my community and consider mysell an ambassador for the rederation.		
Signature:		
and the state of t		
Date:	231 Sune 2024	
Pone.	231 June 2024	
FOR OFFICIAL PURPOSES ONLY		
FOR OFFICIAL PURPOSES ONLY		

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

## ERSONAL PARTICULARS

88 s to the personal particulars Cook must be communicated 87 nt parties 58 DHANGE OF ADDRESS

STATION OF CHANGE OF form in this pocket to hange of address or a particular of your present g name of street and/or per etc ||

t or post to the nearest trict office of the ENT OF HOME AFFAIRS



SURNAME LULWANA

FORENAMES **DUMISANI** 

COUNTRY OF BIRTH SOUTH AFRICA

DATE OF BIRTH 1997-09-13



DATE ISSUED 2016-05-20

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL HOME AFFAIRS

SOUTH AFRICAN POLICE SERVICE  $D_{iF_{i}O_{i}}$ 2023 -11-25 ELLIOTDALE INKONZO YAMAPOLISA OMZANTSI AFRICA

