



PLAYER REGISTRATION FORM

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

Registering Club	MARINE UNITED
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Player Information	
Name	husanda
Surname	SALMAN
ID Number	990616439080

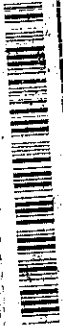
Residential Information	
Address	Bm 89
	MAWERPHE STREET

Contact Information	
Contact Number (Cell):	0630152991
E-mail:	

Declaration	
<p>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.</p>	
Signature:	<i>L. Salma</i>
Date:	23-06-24

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

623



LUSANDA MAXWELL
SALMANI

Male: 9906166138080

HCO 174857623

945H020
Tel: 0832343173
D diza Street Bm89
Maskatane
33ns Bay 7220

PERSONAL PARTICULARS

to the personal particulars
K must be communicated
parties

CHANGE OF ADDRESS

NOTICE OF CHANGE OF
form in this pocket to
change of address or a
particular of your present
name of street and/or
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of post to the nearest
office of the
NT OF HOME AFFAIRS

I.D. No. 990616 6138 080



S.A. CITIZEN

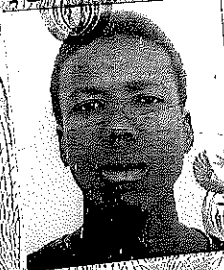
SURNAME
SALMANI

FORE NAMES
LUSANDA MAXWELL

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1999-06-16

DATE ISSUED
2017-09-18



ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS