

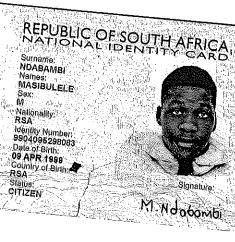
PLAYER REGISTRATION FORM

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

Registering Club	MARING UNITED F.C
Player Information	
Name	Masikulele
Surname	Ndabambi
ID Number	9404098298083
17	
Residential Information	
Address	Gansbaai
	Masakhane
	Hani Crescent No 17
Contact Information	
Contact Number (Cell)	1: OH' 181 0572.
E-mail:	Musib Melahalabambi 9 Ggmail . com
Declaration	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
I hereby declare that I will adhe	ere to the Community Football Federation Competition Rules as required in
my participation in all its compe	etitions. I will behave myself accordingly and show myself to be a good
example to those in my commu	inity and consider myself an ambassador for the Federation.
Signature:	
	M. Ndasanski
Date:	
F	OR OFFICIAL PURPOSES ONLY

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





Conditions:
This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997
If tound phase return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 to 11 so

Date of Issue: 28 OCT 2016

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