



# SAFA CAPE TOWN

## NEW & TRANSFER PLAYER REGISTRATION FORM - AMATEUR PLAYER 2023-24

Type of Registration (Please Tick)

New

Transfer

SAFA CAPE TOWN REGISTRATION NUMBER ISSUED (Regional Use)

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**Note: this form must be accompanied by a COPY of the members Computerised Birth Certificate for 16 and younger**

**Note: this form must be accompanied by a COPY of the members Green Coded RSA Id or Smart Card for 18 and older**

Members Type (Please Tick)

Youth

Senior

Player

Referee

Official

Members ID number

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Members Surname

Members First Name

Nationality

South African

Foreigner

Gender

Male

Female

Disabled Yes

No

Club Name

Previous Club if Applicable

Clearance Attached  
(Please tick)

LFA Name

Previous LFA if Applicable

Clearance Counter  
Signed (Please tick)

LFA Reg Officer Signature

By signing this form, the LFA official confirms that the information herein is true & correct

Date:

\_\_\_\_/\_\_\_\_/202\_\_

### FOR REGIONAL USE ONLY

SAFA CT REG OFFICER REJECTION COMMENTS/REASON

Player registered with another club obtain clearance and/ or counter clearance from the LFA

Club & LFA

Date Last Registered \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide Updated Photo

Other

Lost Card, provide letter from club (Please Tick if attached)

Player Registration Card (Paste no staples)

Id Size Photo (Paste no staples)