



PLAYER REGISTRATION/LICENSING

Last Name..... Middle Name First Name

Date of Birth Place of Birth B/C Reg No.

Father’s Name.....

Mandali’s Name.....

Residential Address.....

Postal Address.....

Company’s Name.....

Occupation.....

2 passport size photo to be certified by a JP/ Civil Servants

Prior Registration Yes /No

If Yes: District Registered Branch Registered

Date Registered License No

New Registration:

District Registered Branch Registered

Playing Position Alternate Position

Any, Medical, Physical Disability

.....

Past Soccer History

.....

I declare and warrant that the above information is correct

(It is a serious offence to provide False Information. This will result in disciplinary action taken against the parties concerned)

.....
Signature of Player Date

(Attach certified Copy of Birth Certificate / 1Valid ID)

Additional Information on the Player by Team Manager

.....

Comment from District Secretary / President

.....

.....
Team Manager Branch President Date

OFFICE USE ONLY

Comments Observation:

.....

Receipt No: License No:

Note: It is important that **All** sections are filled in detail and forms **Must** be signed by the Player and the District Officials.