SAFA CAPE TOWN

NEW & TRANSFER PLAYER REGISTRATION FORM - AMATEUR PLAYER 2026

Type of Registration (Please Tick) New ☐ Transfer ☐

SAFA CAPE TOWN REGISTRATION NUMBER ISSUED (Regional Use) ☐☐☐☐☐☐☐

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 ☐☐☐☐☐☐☐☐☐☐☐☐☐

Members Surname

Members First Name

Nationality South African ☐ Foreigner ☐

Gender Male ☐ Female ☐ Disabled Yes ☐ No ☐

Club Name TABLE VIEW FOOTBALL CLUB

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: _____/_____/2026

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

Player Registration Card (Paste no staples)

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

Id Size Photo (Paste no staples)