



ATHLETES IDENTITY CERTIFICATION

PROVINCE: _____

DISTRICT: _____

USE CAPITAL LETTERS ONLY TO COMPLETE THE INFORMATION BELOW

REGION / ZONE								
TOWN / CIRCLE								
NAME OF SCHOOL					LEARNER REGISTRATION NUMBER: LURISE- OR SCHOOL ADMISSION NUMBER:			
NAME(S) OF ATHLETE (AS ON BIRTH CERTIFICATE / PASSPORT)								
SURNAME OF ATHLETE (AS ON BIRTH CERTIFICATE/PASSPORT)								
DATE OF BIRTH OF ATHLETE								
	Y	Y	Y	Y	M	M	D	D
								BIRTH CERT.-/ ID- / PASSPORT NUMBER
BOY					GIRL			

**PASTE PHOTOCOPY OF BIRTH CERTIFICATE / I.D. DOCUMENT / PASSPORT/ SMART CARD
HERE NOT AT THE BACK**

RECENT ID PHOTO OF ATHLETE
[NOT OLDER THAN 3 YEARS]
(PASTED HERE)

SCHOOL STAMP HERE
 CURRENT SCHOOL STAMP MUST BE **PARTLY OVER THE ID PHOTO AND PARTLY OVER ID, BIRTH CERTIFICATE ETC.**
STAMP MUST INDICATE THE DATE
(SIGNED BY PRINCIPAL/DEPUTY PRINCIPAL)

COMMISSIONER OF OATHS STAMP HERE
 (THE PRINCIPAL / DEPUTY PRINCIPAL / SAPS - WHO QUALIFIED AS COMMISSIONER OF OATH)
[NOT OLDER THAN 3 YEARS]

NOTE:
 THE PRINCIPAL / DEPUTY PRINCIPAL/ SAPS WHO QUALIFIED AS COMMISSIONER OF OATH **MUST** CERTIFY THE BIRTH CERTIFICATE ON THIS TEMPLATE AS A TRUE COPY **AND** PUT SCHOOL STAMP **PARTLY OVER** THE ID PHOTO **AND** PARTLY OVER BIRTH CERTIFICATE.