



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)

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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**

FOR REGIONAL USE ONLY

Members ID number

SAFA CT REG OFFICER REJECTION COMMENTS/REASON

Members Surname

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

Members First Name

Club & LFA

Nationality **South African** **Foreigner**

Date Last Registered _____/_____/_____

Gender **Male** **Female** **Disabled Yes** **No**

Provide Updated Photo

Club Name

Other

Previous Club if Applicable

Clearance Attached
(Please tick)

LFA Name

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

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

Player Registration Card (Paste no staples)

Id Size Photo (Paste no
staples)