



ATHLETES IDENTITY CERTIFICATION

PROVINCE: EASTERN CAPE

DISTRICT: _____

USE CAPITAL LETTERS ONLY TO COMPLETE THE INFORMATION BELOW

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

PHOTOCOPY OF BIRTH CERTIFICATE / I.D. DOCUMENT / PASSPORT/ SMART CARD

RECENT ID PHOTO OF ATHLETE

**[NOT OLDER THAN 6 MONTHS]
(PASTED HERE)**

SCHOOL STAMP HERE

**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 6 MONTHS]

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.