



SOUTH AFRICAN NATIONAL BOXING ORGANISATION

"Open Boxing"

11 Radkol Avenue
Olifantsfontein
6331

Cell: -0823641692

E-mail:- mofuma@telkom.co.za

New / Annual Club Registration Certificate

Club Name

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Physical Club Address

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Chairman

| | |
|-------------------|--|
| Surname: - | |
| Initials: - | |
| Full Name/s: - | |
| Name: - | |
| Id Number: - | |
| Tel (Home): - | |
| Tel (Work): - | |
| Fax: - | |
| Cell: - | |
| e-Mail Address: - | |

Secretary

| | |
|-------------------|--|
| Surname: - | |
| Initials: - | |
| Full Name/s: - | |
| Name: - | |
| Id Number: - | |
| Tel (Home): - | |
| Tel (Work): - | |
| Fax: - | |
| Cell: - | |
| e-Mail Address: - | |

Treasurer

| | |
|-------------------|--|
| Surname: - | |
| Initials: - | |
| Full Name/s: - | |
| Name: - | |
| Id Number: - | |
| Tel (Home): - | |
| Tel (Work): - | |
| Fax: - | |
| Cell: - | |
| e-Mail Address: - | |



SOUTH AFRICAN NATIONAL BOXING ORGANISATION

"Open Boxing"

Club Representative1 (District Council Meeting)

| | |
|-------------------|--|
| Surname: - | |
| Initials: - | |
| Full Name/s: - | |
| Name: - | |
| Id Number: - | |
| Tel (Home): - | |
| Tel (Work): - | |
| Fax: - | |
| Cell: - | |
| e-Mail Address: - | |

Club Representative 2 (District Council Meeting)

| | |
|-------------------|--|
| Surname: - | |
| Initials: - | |
| Full Name/s: - | |
| Name: - | |
| Id Number: - | |
| Tel (Home): - | |
| Tel (Work): - | |
| Fax: - | |
| Cell: - | |
| e-Mail Address: - | |

Chief Coach

| | |
|-------------------|--|
| Surname: - | |
| Initials: - | |
| Full Name/s: - | |
| Name: - | |
| Id Number: - | |
| Tel (Home): - | |
| Tel (Work): - | |
| Fax: - | |
| Cell: - | |
| e-Mail Address: - | |

Club Chairman

Date

District Chairman

Date