



## Annual Registration Certificate

### Coaches

<b>Official Record Book Id</b>	_____	<b>Club</b>	_____
<b>District</b>	_____	<b>Province</b>	_____
<b>Surname</b>	_____	<b>Initial / s</b>	_____
<b>Full Name / s</b>	_____	<b>Nick Name</b>	_____
<b>Date of Birth</b>	_____	<b>National Identity Number</b>	_____
<b>Gender Male / Female</b>	<b>Ethnic Group</b>	<b>Passport Number</b>	_____
<b>Passport Issue Date</b>	_____	<b>Passport Expiry Date</b>	_____

**Qualifications:**

<b>Coach</b>	<b>Club</b>	<b>District</b>	<b>Provincial</b>	<b>National</b>	<b>AIBA 1 / 2 / 3 Star</b>
	Date	Date	Date	Date	Date
<b>Judge</b>	<b>Club</b>	<b>District</b>	<b>Provincial</b>	<b>National</b>	<b>AIBA 1 / 2 / 3 Star</b>
	Date	Date	Date	Date	Date
<b>Referee</b>	<b>Club</b>	<b>District</b>	<b>Provincial</b>	<b>National</b>	<b>AIBA 1 / 2 / 3 Star</b>
	Date	Date	Date	Date	Date

**Personal Information:**

**Home Address:** \_\_\_\_\_  
**City** \_\_\_\_\_  
**Postal Code** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_  
**City** \_\_\_\_\_  
**Postal Code** \_\_\_\_\_

**Contact Number (Home)** \_\_\_\_\_  
**Contact Number (Work)** \_\_\_\_\_  
**Cell** \_\_\_\_\_  
**E-mail** \_\_\_\_\_

**Name of Medical Aid** \_\_\_\_\_ **Medical Aid Phone Number** \_\_\_\_\_  
**Medical Aid Number** \_\_\_\_\_  
**Medical Conditions** \_\_\_\_\_

*Certified as correct.*

\_\_\_\_\_  
*Signature (Applicant)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature Chairman or Secretary (Provincial Referee and Judges Commission)*

\_\_\_\_\_  
*Date*