



FIJI FOOTBALL ASSOCIATION PLAYER REGISTRATION/LICENSING

SURNAME		ATTACH PHOTO HERE TO BE CERTIFIED BY BARRISTER & SOLICITOR, COMMISSIONER OF OATH OR JP
NAME		
DATE OF BIRTH		
SEX		
ADDRESS		
TIN #		
PHONE CONTACT		
EMAIL ADDRESS		

PRIOR REGISTRATION	☐	YES	☐	NO
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If Yes, Please fill in the details below:

DISTRICT REGISTERED		NEW DISTRICT	
CLUB/SCHOOL REGISTERED		NEW CLUB/SCHOOL	
LICENSE NO.		PLAYING POSITION	

I _____ of _____ solemnly and
sincerely declare that above information provided is correct.

(Signature of Player)

Witness By: _____

Date: _____

(FORM SHOULD BE WITNESSED BY BARRISTER & SOLICITOR, COMMISSIONER OF OATH OR JP).

CHECKLIST

☐	Player Registration Form	☐	Original Birth Certificate
☐	Transfer Form (If Applying for Transfer)	☐	Certified Copy of TIN Card/ Voter Card / Passport
☐	Passport Size Photo (Certified)	☐	Certified Copy of Enrollment Form(School Registration)

Club President/ Secretary: _____

Date: _____

District President/ Secretary/School: _____

Date: _____

OFFICE USE ONLY

Comments: _____

Receipt Number: _____ Date: _____

L/No: _____