

**FEDERATION OF UGANDA FOOTBALL ASSOCIATIONS
KNOW YOUR PERSON FORM**

FUFA Secretariat
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Mengo P.O. Box 22518,
Kampala Uganda.
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Email: admin@fufa.co.ug

*Please fill and submit this form to FUFA Secretariat
by May 20th 2016*



Section 1: Personal information

Family name				Passport Copy (Current)
First name				
Other name				
Date of birth				
Gender		Nationality		
Place of birth		Country of birth		
FUFA Region			City/Village	

Other information

Passport No.		Date of issue	
Expiry date		File No.	
National ID No		Expiry date	
Phone		Email	
Academic Level		Profession	Occupation

Body and Role in Football (please fill only your corresponding area)

Gen Assembly	Secretariat	Judicial body	Association/ Club	FUFA Licensed Academy	Competition Organizer
Name of the body			Role of the body		
Nature of title <i>(tick applicable)</i>	Elected <input type="checkbox"/>	Appointed <input type="checkbox"/>	Employee <input type="checkbox"/>	Qualified <input type="checkbox"/>	
Actual title					
If Elected/Appointed	Term Period		Start Date	End date	
If employee	Contract period		Start date	End date	

Technical roles (Referees/Match Commissioners/Assessors, Instructors-Administration, Refereeing, Coaching, Sports Medicine)

Sport	Football (11 aside) <input type="checkbox"/>	Beach soccer (5 aside) <input type="checkbox"/>	Futsal(5 aside) <input type="checkbox"/>
If referee	Date of qualification	Current grade	Since
For Instructors	Area of qualification		Date of qualification
Grade		Certifying Authority	

Declaration

The bio information as well as football related information above as submitted to FUFA is true to the best of my knowledge.

Signature _____ **Date** _____

Official Use

FUFA Accepts your submission and hereby registers you under