



CRICKET BOARD OF MALDIVES

Malé Sports Complex. Indoor Cricket Hall, 1st Floor

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2017 T20 SQUAD REGISTRATION FORM

Name of Team: _____

	Full Name of Manager & Officials	Phone No.	Nationality	ID / PP No.	Date of Birth	Email Address
1						
2						
3						

	Full Name of Players	Phone No.	Nationality	ID / PP No.	Date of Birth	Email Address - For CricHQ Registration
1						
2						
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4						
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13						
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15						
16						

SIGNATURE / SEAL

DATE