

**PERSONAL INFORMATION FORM**

**Please complete all items either by inserting the correct information or ticking/ circling the**

**relevant item. Please complete this form in BOLD letters.**

PERSONAL DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start Date (DD,MM,YYYY) | | |  | | | | Employee Number | |  | | | |
| Surname |  | | | | | | First Names |  | | | | |
| Date of Birth | | |  | | | | | | | | | |
| Title | Prof Dr Adv Mr Mrs Ms | | | | | | | | | Other | |  |
| Preferred Name/ Nick Name | |  | | | | | Initials | |  | | | |
| Ethnic Group | | African | | Indian | | | Gender | | Male | | Female | |
| White | | Coloured | | |
| Marital Status | | S | | M | D | W | Previous Surname | |  | | | |
| Preferred Language | |  | | | | | Home Language | |  | | | |

CITIZENSHIP

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Passport Number  Date Issued (DD/MM/YY) Date Expiring (DD/MM/YY) | |  | SA  Citizenship | | By birth | |
| / / | Permanent Residence /Naturalization | |
| / / |  | | Other | |
| Country of Issue |  | | | Nationality | |  |
| SA. ID Number |  | | | | | |

WORK PERMIT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Should you hold a work permit, please complete the fields below.** | | | |
| Permit Number |  | Date Issued (DD/MM/YYYY) | / / |
| Date Expiring (DD/MM/YYYY) |  | | |

ADDRESS DETAILS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Permanent Address | |  | Residential Address | | Same as permanent address | |
| Yes | No |
| Street Address Line 1 | |  | **If No:** Address Line 1 | |  | |
| Street Address Line 2 | |  | Address Line 2 | |  | |
| Suburb |  | | Suburb |  | | |
| City |  | | P.O. Box |  | | |
| Province |  | | City |  | | |
| Postcode |  | | Postcode |  | | |
| Telephone (H) |  | | Cell Number |  | | |
| Telephone (W) |  | | Email |  | | |

SARS INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Income Tax Number |  | Revenue Office |  |

SUPPLEMENTARY INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Spouses Full Name |  | | Spouse Birth Date (DD/MM/YYYY) | / / |
| Spouses SA. ID Number |  | |  |  |
| Do you have a Disability? | Yes | No | Disability Number |  |
| If yes, state disability condition (EE Act Requirement) |  | | | |

NEXT-OF-KIN DETAILS/ EMERGENCY CONTACT 1

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | Relationship | |  | | | |
| Primary Contact **(Note: Please mark only one contact as primary)** | | | Yes | No | Address & Phone same as employee? | | | | Yes | No |
| Residential Address: | | | | | Postal Address: | | | | | |
| Street | |  | | | Street | | |  | | |
| Suburb | |  | | | Suburb | | |  | | |
|  | |  | | | P.O. Box | | |  | | |
| City | |  | | | City | | |  | | |
| Postcode | |  | | | Postcode | | |  | | |
| Telephone (H) | |  | | | Telephone (W) | | |  | | |
| Cell Number | |  | | | Email |  | | | | |

DEPENDANTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dependant 1** | | | | | |
| Full Name |  | | Birth Date | / / | |
| SA I.D Number |  | | Relationship |  | |
| Gender | Male | Female | Medically Dependant | Yes | No |
| **Dependant 2** | | | | | |
| Full Name |  | | Birth Date | / / | |
| SA I.D Number |  | | Relationship |  | |
| Gender | Male | Female | Medically Dependant | Yes | No |
| **Dependant 3** | | | | | |
| Full Name |  | | Birth Date | / / | |
| SA I.D Number |  | | Relationship |  | |
| Gender | Male | Female | Medically Dependant | Yes | No |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dependant 4** | | | | | |
| Full Name |  | | Birth Date | / / | |
| SA I.D Number |  | | Relationship |  | |
| Gender | Male | Female | Medically Dependant | Yes | No |
| **Dependant 5** | | | | | |
| Full Name |  | | Birth Date | / / | |
| SA I.D Number |  | | Relationship |  | |
| Gender | Male | Female | Medically Dependant | Yes | No |

**QUALIFICATIONS: (Please start with the highest qualification)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tertiary Education 1** | | | | | | | |
| Institution |  | | | | | | |
| Qualification Obtained |  | | | | | | |
| Highest Qualification | Yes | No | Date Obtained (DD/MM/YYY) | | / / | | |
| Majors/ Specialisation |  | | | Graduated | | Yes | No |
| **Tertiary Education 2** | | | | | | | |
| Institution |  | | | | | | |
| Qualification Obtained |  | | | | | | |
| Highest Degree | Yes | No | Date Obtained (DD/MM/YYY) | | / / | | |
| Majors/ Specialisation |  | | | Graduated | | Yes | No |
| **Tertiary Education 3** | | | | | | | |
| Institution |  | | | | | | |
| Qualification Obtained |  | | | | | | |
| Highest Degree | Yes | No | Date Obtained (DD/MM/YYY) | | / / | | |
| Majors/ Specialisation |  | | | Graduated | | Yes | No |

MEMBERSHIP OF PROFESSIONAL BODIES

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership of Professional Bodies 1** | | | |
| Society Name |  | Post Held (if any) |  |
| Type of membership |  | Date Joined (DD/MM/YYYY)( | / / |
| **Membership of Professional Bodies 2** | | | |
| Society Name |  | Post Held (if any) |  |
| Type of membership |  | Date Joined (DD/MM/YYYY) | / / |

**By affixing my signature below, I confirm that the information provided is true to the best of my knowledge.**

Signature Date