



University of Fort Hare  
Together in Excellence

ACCEPTANCE FORM FOR  
PERMANENT POST

HRF 15

I, \_\_\_\_\_

ID No.: \_\_\_\_\_

Work Permit No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

do hereby *accept / do not accept* (✓ *whichever is applicable*) the offer and the conditions as stipulated in the offer for the post of

\_\_\_\_\_

in the \_\_\_\_\_ Department.

I am ready to assume duties on: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_