



University of Fort Hare  
Together in Excellence

EXTERNAL EXAMINER  
PERSONAL INFORMATION FORM

HRF 17

**NB: This form MUST BE returned with documents listed below for processing. NO PAYMENTS WILL BE MADE WITHOUT SUBMISSION OF THIS FORM AND THE DOCUMENTS ON THE CHECK LIST BELOW:**

**CHECKLIST FOR IMPORTANT DOCUMENTS REQUIRED**

Document	Indicate your submission by a ✓
<i>Certified Copy of ID / Passport</i>	
<i>Completed UFH Bank Advice Form</i>	

Please complete all BLOCKS by inserting the correct information or ticking/circling the relevant item.

**PERSONAL DETAILS**

Employee No			ID / Passport No.					
Surname			Title	Prof	Dr	Rev	Mr	Ms
First Name/s			Initials					
Date of Birth	DD / MM / YYYY		E-mail address					
Gender			Disability (EEA)					
Marital Status	Single	Married	Divorced	Widower				
Work Permit No		Start Date		End Date				
Disability								
Work Number			Cell phone Number					

**ADDRESS DETAILS**

Postal		Residential	
Post Box		Street	
Suburb		Suburb	
City		City	

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only: Appointment Terms

Start Date		End Date	
Campus	Alice	East London	