



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

PERSONAL DETAILS

Start Date (dd/mm/yyyy)							Employee Number		
Surname							First Names		
Date of Birth									
Title	<input type="checkbox"/>	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Adv	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="checkbox"/>
Preferred Name/ Nick Name							Initials		
Ethnic Group	African			Indian			Gender	Male	Female
	White			Coloured					
Marital Status	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> W	Previous Surname				
Preferred Language							Home Language		

CITIZENSHIP

Passport Number			SA Citizenship	By birth	
	Date Issued (DD/MM/YY)			/ /	Permanent Residence /Naturalization
	Date Expiring (DD/MM/YY)			/ /	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)				

PAY INFORMATION

(Required by South African Revenue Service)

Tax Reference Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(A tax reference number starts with a 0, 1, 2 or 3)
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ADDRESS DETAILS

Permanent Address			Residential Address	Same as permanent address	
				Yes	No
Street Address Line 1			Address Line 1		
Street Address Line 2			Address Line 2		
City			P.O. Box		
Province			City		

Postcode		Postcode	
Telephone (H)		Cell Number	

SUPPLEMENTARY INFORMATION

Spouses Full Name		Spouse Birth Date (DD/MM/YYYY)	/ /
Spouses SA. ID Number			
Do you hold a position at any institution other than University of Fort Hare?	Yes	No	
Please sign declaration below ONLY IF UFH IS YOUR SOLE EMPLOYER			
I declare that UFH is, and will be, my ONLY employer for the period from to If, for any reason, UFH should cease to be my sole employer, I confirm that I will advise the University in writing of my change in circumstances as per Private Work Policy.			
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 & Surname		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		P.O. Box	
City		City	
Postcode		Postcode	
Telephone (H)		Telephone (W)	
Cell Number		Email	

DEPENDANTS

Dependant 1				
Full Name		Birth Date	/ /	
I.D / Passport		Relationship		
Gender	Male	Female	Medically Dependant	Yes No
Dependant 2				
Full Name		Birth Date	/ /	
I.D / Passport		Relationship		
Gender	Male	Female	Medically Dependant	Yes No

Dependant 3				
Full Name			Birth Date	/ /
I.D / Passport			Relationship	
Gender	Male	Female	Medically Dependant	Yes No
Dependant 4				
Full Name			Birth Date	/ /
I.D / Passport			Relationship	
Gender	Male	Female	Medically Dependant	Yes No

QUALIFICATIONS: (Please indicate highest qualification)

Tertiary Education				
Institution				
Qualification Obtained				
Date Obtained (DD/MM/YYYY)	/ /			
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