

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
	White	Coloured	
Male	Female		
Marital Status	☐ S ☐ M ☐ D ☐ 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)			

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	