University of Fort Hare
Together in Excellence

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 / White / Coloured	Gender	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	