

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	Male	Female	
	White	Coloured					
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		