



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			