

SUBSIDIARY: \_\_\_\_\_

BRANCH: \_\_\_\_\_

**BASIC EMPLOYEE INFORMATION TAKE-ON**

NEW EMPLOYEE	PERMANENT (P) OR TEMPORARY (T)	CHANGE OF DETAILS
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EMPLOYEE CODE	TITLE	INITIALS	GENDER
SURNAME	DATE OF BIRTH	GROUP	A   I   C   W
FIRST NAMES	KNOWN AS	TAX NO	
I.D. NUMBER	PASSPORT NO	EXPIRY DATE	
SA CITIZEN	YES   NO	(IF NO) WORK PERMIT NO	EXPIRY DATE
MARITAL STATUS	SINGLE   DIVORCED   MARRIED	SPOUSE NAME	
DISABLED	YES   NO	NATURE OF DISABILITY	

RESIDENTIAL ADDRESS BELOW				EMPLOYEE CONTACT INFORMATION			
UNIT NO	UNIT NAME	EMP CELL NO					
STREET NO	STREET NAME	EMP HOME NO					
SUBURB	CITY	EMP PRV EMAIL					
POSTAL CODE							

POSTAL ADDRESS BELOW (IF DIFFERENT FROM RESIDENTIAL)				EMERGENCY CONTACT INFORMATION			
SERVICE TYPE & NO	NAME & SURNAME						
STREET NAME & NO	CELL NO						
SUBURB	CITY	WORK NO					
POSTAL CODE		RELATIONSHIP					

PRV MED AID	YES   NO	BANK NAME	ACCOUNT NO
COMPANY MED AID	YES   NO	BRANCH CODE	BRANCH NAME
COMPANY RET ANN	YES   NO	ACCOUNT TYPE	OWN OR JOINT
COMPANY RET ANN CONTRIBUTION AMOUNT (MIN R500)	R		

EMPLOYEE SIGNATURE: \_\_\_\_\_

**The following section must be completed by the Branch / Finance Manager:**

COMPANY	BRANCH	DEPARTMENT
DATE EFFECTIVE	JOB TITLE	Pay Point
EMPLOYED BY	REPLACING	SUPPORT OR CORE ROLE (S/C)
LEAVE APPROVER	EMPLOYEE COMPANY E-MAIL	
TERM DATE		
TOTAL PACKAGE AMOUNT	R	
BASIC SALARY	R	TRAVEL ALL   R   CELL/3G   R
FIXED COMMISSION	R	NO OF MONTHS   OTHER

PLEASE TICK	Y	N	PLEASE TICK	Y	N	COMMENTS
COPY OF I.D.			IF PRIVATE MEDICAL AID ATTACH COPY OF CERTIFICATE			
CV ATTACHED			REFERENCES			
COPY LETTER OF APPOINTMENT			DID EMPLOYEE RECEIVE THE "EMPLOYEE GUIDE BOOK"			
EMPLOYEE CONTRACT			TRAVEL CLAIM POLICY			
CRIMINAL RECORD CLEARANCE			ANNEXURE A, B, C, D.			
SIGNED IT POLICY			GROUP LIFE BENEFICIARY FORM			
ACCESS CONTROL APPLICATION			RETIREMENT ANNUITY FORM			

FINANCE MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MORGAN PILLAY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_