

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: _____