

## EMPLOYEE TAKE-ON FORM

Please complete in CAPITAL LETTERS using a black pen. Fields printed in grey must be marked with an "X".

### Personall Details

Title	X	MISS	MRS	MS	DR	PROF	REV	Other:			
First Names	Brighton Nkosana										
Surname	Ngema				Known As:				Brighton		
Identification Type	X		Passport		Work Permit		Other:				
ID / Passport / Other No.	9506035083085				Passport Country of Issue:						
Date of Birth	1	9	9	5	0	6	0	3			
Gender	Male		Female								
Marital Status	Married In Comm of Property		Married Out of Comm of Property		X		Divorced		Seperated	Widow	Widower
Equity Group	African		Coloured		Indian / Asian		White		( Required for Employment Equity reports )		
No. of Medical Aid Members	Adults :		1		Children :				( No. of adults must include main member )		

### Contact Details

Physical Address	2960 Mokabi street ebony park	Postal Addr.	Same As Physical
	ext 6 Midrand		
Postal Code	1685	Postal Code	
Telephone No. (Home)		Cellular No.	727926932
E-mail Address (Home)	<a href="mailto:brightonnkosana@gmail.com">brightonnkosana@gmail.com</a>		

### Emergency Contacts

Primary Contact Person	Thandi Ngema	Relationship	Mother	Contact No.	824883285
Secondary Contact Person	Nikiwe Phala	Relationship	Girlfriend	Contact No.	603448244

### Banking Details

Bank Name	Standard Bank	Branch Name	Braamfontein
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Bank Account Number	2398702			Branch Code	480502	
Bank Account Type	X	Savings	Transmission	Bond	Sub. Share	
Account Holder Type	X	Joint Acc.	3rd Party	Acc. Holder	Brighton Ngema	

( Only if Joint Account or 3rd Party Account )

Tax Details
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Registered for Income Tax	X	No	Not Sure	Tax Ref. No.	1543920175
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FOR OFFICE USE ONLY
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Payroll Number									Job Title	
Appointment Date	C	C	Y	Y	M	M	D	D	Job Grade	
Appointment Type	PERM				CONTRACT				Job Level	
Contract Expiry Date	C	C	Y	Y	M	M	D	D	Job Category	
Payment Frequency	Weekly				Fortnightly				Cost Centre	
Payment Method	Cash				Cheque				Department	
					CASUAL					