

## **Confirmation of Personal Details**

Employee No :		
Employee Name :	John King'athia Karuitha	
Org Unit / Dept :	Graduate School of Business Administration	
Faculty/Division :	Commerce, Law and Management	
Effective Date :	/ / dd mm ccyy	
Work Telephone :	Home Telephone :+2547369	17717
Fax :	Mobile Telephone :+254736	917717
E-mail address	:diakingathia2005@gmail.com	
Income Tax Number	1	
Nationality	: Kenyan	
Date of Birth	: 17/09 / 1977 dd mm ccyy	
ID number	:	
Passport number	:_A2575931	
Country of issue	: Kenya	
Race	:_Black	
Nature of Employment	: Student- employee contract	
I declare that this is my (Please tick one)	sole source of income Yes NX6	
I undertake to notify the change from those indic	University Salaries Office promptly in writing should my ated above.	personal details
Signed :	john Kruitha	
Date :	(signature of employee)	
Payroll Office Use Only Captured by	dd mm ccyy	
Name:		/ /_dd mm ccvv
Checked by		dd mm ccyy
Name:	SignedDate:	/ / dd mm ccyy



## **Confirmation of Address Details**

Employee No.	
Employee No :	John Kinglathia Karuitha
Employee Name :	John King'athia Karuitha
Org Unit / Dept :	Graduate School of Business Administration
Faculty/Division :	Commerce, Law and Management
Effective Date :	09 / 03 / 2020 dd mm ccyy
Residential Address	
Unit Number : NA	Complex Name : <b>NA</b>
Street Number : _76	Street Name / Name of Farm : Long Street, Albertville
Suburb or Town : Ra	ndburg, Johannesburg
Postal Code : 2195	Country : South Africa
Postal Address:	
☑ Same as Residentia	I
<u>OR</u>	
PO Box :	Suburb or Town :
Postal Code :	Country :
Business Address	
Unit Number : NA	Complex Name : NA
Street Number : NA	Street Name / Name of Farm : NA
Suburb or Town :	NA
Postal Code : NA	Country : NA
Signed :	john Kruitha
Date :	(signature of employee)  03
Payroll Office Use Only Captured by	
	SignedDate://
Checked by	dd mm ccyy
Name:	SignedDate://
DI EASE SUBMIT TO DO	dd mm ccyy

PLEASE SUBMIT TO ROOM SH8002, SENATE HOUSE, 1 JORRISEN STREET, BRAAMFONTEIN
PAY005 - Address Details.doc 2010/02/



## **Confirmation of Banking Details**

Employee No :									
Employee Name :	John King'athia Karuitha								
ID / Passport No :	A2575931								
Org Unit / Dept :	Graduate School of Business Administration								
Faculty/Division :	Commerce, Law and Management								
Effective Date :	09   03   2020								
Please note that this for stamped by the bank. Cheque Payment	m must be accompanied by a printed bank statement which has been								
Cheque Payable to	:								
OR									
Direct Deposit									
Bank Name	Standard								
Branch Number	: <u>051001</u> Branch Name: <u>Braamfontein</u>								
Account number	10087899041								
Account Holder Name	John King'athia Karuitha								
Account type	: Current XSavings Transmission								
Account Holder's Relation	onship to Employee (please tick one)								
✓ Own account	☐ Joint Account ☐ Third Party Account								
For international accoun	t holders only:								
IBAN Number	;								
Swift Code	:								
Bank Physical Address	:								
Signed :	john Knuthuz Date : <u>03 / 03 / 202</u> 0 (signature of employee) dd <u>mm ccyy</u>								
Payroll Office Use Only Captured by									
Name:	SignedDate:/ / dd mm ccyy								
Checked by									
Name:	SignedDate:/ / dd mm ccvy								
PLEASE SUBMIT TO ROP PAY004 - Banking Details.	OM SH8002, SENATE HOUSE, 1 JORRISEN STREET, BRAAMFONTEIN								

## University of the Witwatersrand, Johannesburg Personal details advice for employees tax purposes: Individuals

Please note:

- \* Legislation requires that employers collect the information requested below.
- \* The information is required in order to calculate employees tax correctly.
- \* If you require help to complete the form, please phone (011 717-1592/6)
- \* Salaries Office payments will be withheld until the completed form and requested attachment is received on advice from our auditors, and as instructed by the Executive Director: Finance

Full name													
Title (Dr, Prof, Ms, Mr etc.)													
Staff number/Student number													
Claims payroll number (if applicable)	С												
Date of birth													
	_у_	У	m	m	d	d		T		1	I		
RSA Identity Number or Passport Number (if not an RSA citizen)													
Nationality													
Postal Address													
Residential Address													
Nesidential Address													
										-			
Tax reference number													
Reason why I do not have a tax nur	mber:												
I declare that is my sole source of inco I undertake to notify the University's S										al det	ails cl	nange	
From those indicated above.	Jaiai y	Ome	c proi	inputy	III WI	iting .	mound	ı my	)C13011	ur det	uns en	lange	
Signature		Tel	epho	ne nu	mber						2		
Date E-mail address													
Requested attachment: Please attach a photocopy of the front page of your identity document or passport.													

Please assist us by completing the form and returning it promptly to:
Salaries Office
Fax 011 717 1595
or Room 8001, Senate House

If you require help to complete the form please phone 011-717-1592/6