



Confirmation of Personal Details

Employee No : _____

Employee Name : _____

Org Unit / Dept : _____

Faculty/Division : _____

Effective Date : ____/____/____
dd mm ccyy

Work Telephone : _____ Home Telephone : _____

Fax : _____ Mobile Telephone : _____

E-mail address : _____

Income Tax Number : _____

Nationality : _____

Date of Birth : ____/____/____
dd mm ccyy

ID number : _____

Passport number : _____

Country of issue : _____

Race : _____

Nature of Employment : _____

I declare that this is my sole source of income
(Please tick one)

Yes	No
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I undertake to notify the University Salaries Office promptly in writing should my personal details change from those indicated above.

Signed : _____
(signature of employee)

Date : ____/____/____
dd mm ccyy

Payroll Office Use Only
Captured by

Name: _____ Signed _____ Date: ____/____/____
dd mm ccyy

Checked by

Name: _____ Signed _____ Date: ____/____/____
dd mm ccyy

PLEASE SUBMIT TO ROOM SH8002, SENATE HOUSE, 1 JORRISEN STREET, BRAAMFONTEIN

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Confirmation of Banking Details

Employee No : _____
Employee Name : _____
ID / Passport No : _____
Org Unit / Dept : _____
Faculty/Division : _____
Effective Date : / /
 dd mm ccyy

Please note that this form must be accompanied by a printed bank statement which has been stamped by the bank.

Cheque Payment

Cheque Payable to : _____

OR

Direct Deposit

Bank Name : _____
Branch Number : _____ Branch Name: _____
Account number : _____
Account Holder Name : _____
Account type : ☐ Current ☐ Savings ☐ Transmission

Account Holder's Relationship to Employee (please tick one)

☐ Own account ☐ Joint Account ☐ Third Party Account

For international account holders only:

IBAN Number : _____
Swift Code : _____
Bank Physical Address : _____

Signed : _____ Date : / /
 (signature of employee) dd mm ccyy

Payroll Office Use Only

Captured by

Name: _____ Signed _____ Date: / /
 dd mm ccyy

Checked by

Name: _____ Signed _____ Date: / /
 dd mm ccyy

PLEASE SUBMIT TO ROOM SH8002, SENATE HOUSE, 1 JORRISEN STREET, BRAAMFONTEIN

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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

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Claims payroll number (if applicable)

C							
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Date of birth

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y y m m d d

RSA Identity Number
or Passport Number (if not an RSA citizen)

Nationality _____

Postal Address _____

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Residential Address _____

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Tax reference number

Reason why I do not have a tax number: _____

* I declare that is my sole source of income YES/NO (delete that which is inapplicable)
 * I undertake to notify the University's Salary Office promptly in writing should my personal details change from those indicated above.

Signature _____ Telephone number _____

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