

PERSONAL RECORDS FORM

1. PARTICULARS

Surname First Name(s)

Date of Birth Social Security No.

Marital Status Religion

Residential/Postal Address: Hometown

..... Job Title:

Tel: Date of appointment

Email Address Department

2. FAMILY

Name of spouse: Tel:

Names of Children (under 18)

i. Date of birth

ii.

iii.

3. BANK DETAILS

Name of bank

Branch

Account No:

4. NEXT OF KIN

IN CASE OF EMERGENCY, CONTACT

Name: Name:

Relationship: Relationship:

Tel. (M): Tel. (M):

Tel. (W): Tel. (W):

5. DECLARATION

I do hereby declare that all information provided on this personal records form is accurate and complete to the best of my knowledge. I understand that false statements are grounds for termination of contract of employment.

NAME:

SIGNATURE:

DATE: