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|------------------------|--|--|---------|--|------|--------------------|--------|--|
| FULL NAMES | Garikai Tafadzwa | | | | | | | |
| SURNAME | Matanhatu | | | | | | | |
| HOME ADDRESS | 104 Bridgeway Crawford Cape Town | | | | | | | |
| HOME TELEPHONE | | | | | | | | |
| CELLULAR PHONE | +27 79 578 1799 | | | | | | | |
| POSTAL ADDRESS | 104 Bridgeway Road Crawford Cape Town 7770 South Africa | | | | | | | |
| IDENTITY NUMBER | FN265212 | | | | | | | |
| DATE OF BIRTH | 18/10/1994 | | | | | | | |
| TAX REFERENCE NO | | | | | | | | |
| BANK | Capitec | | | | | | | |
| BRANCH | Cape Town | | | | | | | |
| BRANCH CODE | 470010 | | | | | | | |
| ACCOUNT NUMBER | 1654134455 | | | | | | | |
| ACCOUNT TYPE | Savings | | | | | | | |
| NEXT OF KIN | Lisa April | | | | | | | |
| RELATIONSHIP | Wife | | | | | | | |
| CONTACT NUMBER | +27 72 086 7870 | | | | | | | |
| MEDICAL AID INFO | MAID NAME: _____ M/SHIP NO: _____ Do you contribute to a Medical aid in your own capacity _____ Do you require Medical tax credit upfront? _____ How many beneficiaries (including yourself) on your medical aid _____ What is your monthly contribution _____ | | | | | | | |
| HIGHEST QUALIFICATIONS | Degree | | Diploma | | Cert | Polymer Technology | Matric | |

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|----------------------|---------------------------------------|-------------------|------|
| INSTITUTION | Harare Polytechnic College REF NO: | DATE COMPLETED | 2017 |
| PERSONAL PARTICULARS | | | |
| Employee Signature: | | Date:16/01/2025 | |