

EMPLOYEE INPUT FORM

Surname:			Initials:		Title:		Known as:	s:		
First two Names :						Spouse Names :				
Physical					<u> </u>					
Address								Postal	Code:	
Postal										
Address										
				1					Code:	
Home Tel:				Home Language: Nationality: (0			onality : (Citize	nship)		
Cell number:	;			=						
Date of Birth :							1			
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ID Number : * Passport				11 10161	If foreign ID, state country :					
Number:					If forei	gn passpoi	rt, state	country:		
Population	African		Coloured	Gender:	М	Dependents				
Group:	Inc	ndian White			F	Status:	D W	(Children und		
Disability :	Υ	Ν	If yes, specif	y:						
ersonal to	ıx in	forn	nation (mo	andatory)						
Are you registered for income tax? If yes, what is your income tax number						Yes			No	
i yes, what is	your	inco	me iax numb	er						
MPLOYMENT DETAILS Starting date:				Job title:				Department:		
Sidiling date.				JOB IIIIC .				Бораннон.		
	TAR	V 11.1								
Spouse [®]			FORMATIC s (1) :	νN						
Surname			<u>- (-) · </u>			Names				
ID			Employ	/er		Contact	+	<u> </u>	Occupation	n
				- ·		22111401			- 5556931101	

		First Two Names	at same addre	Relation	Relationship		
ID No.	Employer	indines	Tel no.		Occupation		
No Physical Address							
					Postal Code :		
ttach copy of I.D.					<u>, </u>		
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ONSEINT FOR CRIMI	INAL AND CR	KEDII CHECI	N.S				
	_ hereby aut	horise the S	Sprinthive to co	nduct a c	riminal and/or		
redit check at any	time during	my employ	ment.				
mployee's							
gnature :							
ate:							
			<u>_</u>				
OR OFFICE USE:							
Monthly salary:			Days Annual Leave p	oer year:			
hecked by:							
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hecked by: ame and Surname			Signature				
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ame and Surname			Signature				
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