Suburb / District City / Town	Street No.	Unit No.	Employe	Contact Email	Bus Tel No.	Passport No.	Alternate Identification	Allernate Identification Type	Initials	First Two Names	Surname / Trading Name	Employee Number	Emplo	ETI (Employme		
D 0 0 R F 0 N T E I N	1 2 0 Street / Name E N D S T R E E T	Complex (if applicable)	Employee Address Details - Residential		0 1 2 3 7 4 5 1 6 9 Fax No.	Passport Country (e.g. United States = USA)  Home Tel No.			M P         Nature of Person         A         Date of Birth (CCYYMMDD)         1 9 8 0 1 2 1 4         D No.         8 0 1 2 1 4 5 4 6 0 0 8 2         Neture of Ref No.         Income Tax         0 8 1 8 7 6 3 1 5 3	P H I L L I P   M A N D L A	M T O M B E N I	011	Employee Information	ETI (Employment Tax Incentive) Indicator Y N X	7 3 7 0 7 9 9 7 0 4 2 0 1 9 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0	SARS  Transaction Year   2 0 1 9   Year of Assessment   2 0 1 9   Period of Reconciliation   2 0 1 9 0 2   Certificate   Employee Income Tax   IRP5IT3a



IRP5IT3a

FOR PERSONAL RECORDS ONLY, NOT FOR SUBMISSION TO SARS.

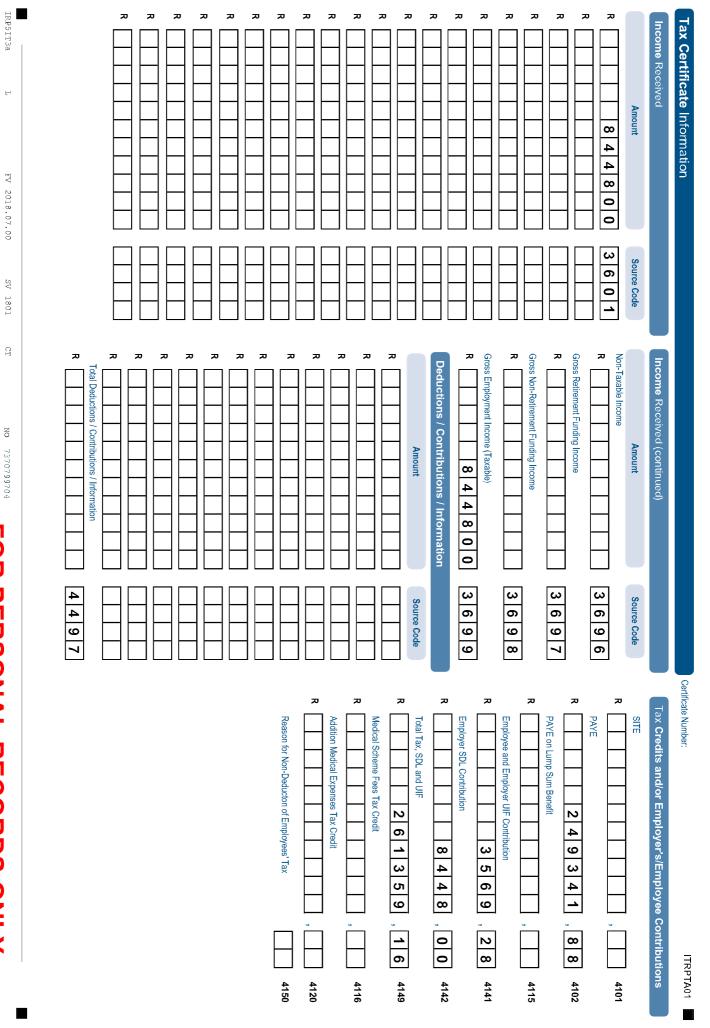
IRPSIT3a	Postal Address Structure Care of Intermediary	Employee
	POSTAL	Employee Address Details - Postal
EV 20	ADDRESS	tails - Postal
2018.07.00	SAME AS	
FV 2018.07.00 SV 1801 CT	RESIDENTIAL	
<b>13977#</b>		
**************************************	ADDRESS	
7370799704 201902 2019 2019 2019		
FOR NOT		
SONA		
AL RE		
COR	Care of Address Indicator	
ERSONAL RECORDS ONLY OR SUBMISSION TO SARS.	~	
PERSONAL RECORDS ONLY, FOR SUBMISSION TO SARS.		

Employee Remuneration Bank Account Details  Certificate Number:
Mark here with an "X" if not paid electronically  Account No.  1 0 0 7 7 8 3 3 1 4 5   Branch No.  0 5 1 0 0 1
Bank Name   S   T   A   N   D   A   R   D   B   A   N   K
UNIVERSAL BRANCH           UNIVERSAL BRANCH
Account Holder  PM MTOMBENI
Bank Account Type Employer Reference Numbers
Account Holder         PAYE Ref No.         7   3   7   0   7   9   9   7   0   4
Account Type: SDL Ref No. L 3 7 0 7 9 9 7 0 4
UIF Ref No.
Tax Certificate Information
Trading or Other Name  I N V O I C E W O R X
Employee Physical Work Address
Unit No. Complex (if applicable)
Street No. 3 R D Street/Name F L O O R F L O O R
Suburb / 2   C   N   R   F   R   E   D   M   A   N   D   R   I   V   E
City / Town RIVONIA ROAD   Postal 2196   Code ZA
Pay Periods Directive Numbers
Employment Date (CCYYMMDD)  Directive No.
Periods in Year of Assessment
No. of Periods Worked
Period Employed From (CCYYMMDD) 2 0 1 8 0 3 0 1
Period Employed To (CCYYMMDD) 2 0 1 9 0 2 2 8

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