|  |
| --- |
| **INSERT YOUR LOGO HERE** |

**PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EVENT TYPE** (*tick appropriate box - one only*) | | | | | | | | New Personal Details | | | | | | |  | Change of Personal Details | | | |  | |
| Have you worked at THE COMPANY before? *(circle)* | | | | | | Yes | | No | If Yes, Previous Dept. | | | | | | | |  | | |  | |
| Staff Number (*If exists*) | |  | | | | Student No. | | |  | | | | | | | | Current Dept. | | |  | |
| Surname | |  | | | | | | | | | | | | | | | Title | | |  | |
| Previous Surname  *(If a staff member before)* | |  | | | | | | | | | | Date of Birth (*ddmmyyyy)* | | | | |  | | |  | |
| First Name(s) | | |  | | | | | | | | | | | | | | | Gender | | Female / Male | |
| **Please provide either Identity or Passport No.*(*compulsory for IRP5*)*** | | | | | | | | | | | | | |  | | | | | | | |
| Country of Birth | | |  | | | | | | | | | | | Nationality | | | | |  | |  |
| Population Group(*The Employment Equity Act requires employers to report on this.)* | | | | African | | | Coloured | | | Indian | | | | White | | | | | Other person of colour | | Foreign White / Foreign person of colour |
| Marital Status |  | | | | If Married, *Date of Marriage (ddmmyyyy*) | | | | | | | | | | | | | |  | |  |
| Spouse  *Full Name(s)* |  | | | | | | | | | | | | Spouse *Date of Birth* (*ddmmyyyy)* | | | | | | | |  |
| Permanent Address |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | Postal Code |
| City |  | | | | | | Country | | | |  | | | | | | | | Tel. No. | |  |

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| **PERSON TO CONTACT IN AN EMERGENCY** | | | | | | | | | | | |  |
| Surname; First name |  | | | | | | | | | | Gender | Female / Male |
| Relationship |  | | | | | | | | | | |  |
| Residential Address |  | | | | | | Telephone Numbers | | | |  |  |
| Full Names of Children  (*Surname; First name(s)*) | | | | | Date of Birth  *dd mm yyyy* | | | Gender  (*circle*) | | | | Is the child financially dependent? (*circle*) |
| 1) | | | | |  |  |  | F | | M | | Yes / No |
| 2) | | | | |  |  |  | F | | M | | Yes / No |
| 3) | | | | |  |  |  | F | | M | | Yes / No |
| 4) | | | | |  |  |  | F | | M | | Yes / No |
| **DETAILS REGARDING DISABILITY** *(We would appreciate this information for Employment Equity Statistics.)* | | | | | | | | | | | |  |
| Visually Impaired | | | Y | N | Hearing Impaired | | | | | | | Yes / No |
| Speech Impaired | | | Y | N | Motor Disability | | | | | | | Yes / No |
| Chronic Illness (specify) | |  | | | Other (specify) | | | |  | | |  |
| Irrespective to any of the above answers, do you use a wheel chair? | | | | | | | | | | | | Yes / No |
| Do you believe that your disability limits your opportunities for employment and/or promotion? | | | | | | | | | | | | Yes / No |
| **FINANCIAL DETAILS** (***Payment of salary is made direct to the bank. NB. Credit card a/c’s may NOT be used.)*** | | | | | | | | | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank / Building Society Name | |  | | | | | | | | | | | | | | | |  |
| Bank / Building Society Branch Code **(6 digits)** | |  |  | |  | |  | |  |  | | Branch  /Suburb | | |  | | |  |
| Account Number (*Bank: max. 11 digits; Bldg Soc. 13 digits*) | | | | | | | | | | |  |  |  |  |  |  |  |  |
| Type of Account (*tick one*) | | | Current 01 | | | | |  | | | | Savings 02 | | |  | | Transmission 03 |  |
| Is THE COMPANY your SOLE employer? | | | Yes | | | No | | | Income Tax Number | | | | | | |  | |  |
| South African Citizen | Yes | | | No | | | | | | | Permanent Residence | | | | | | | Yes / No |
| *If NO in both cases, a work permit must be obtained and forwarded to the HRM Department before the appointment and/or payment can be made.* | | | | | | | | | | | | | | | | | |  |

**I certify that the above information is true and correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Member’s Signature |  | Date |  |

**CONFIDENTIAL**

**UNEMPLOYMENT INSURANCE FUND**

The aim of the Unemployment Insurance Act 2001 is to provide payment of unemployment benefits to certain employees and for the payment of illness, maternity, adoption and dependants benefits related to the unemployment of such employees, by means of a central fund to which employers, employees and the State contribute to combat unemployment. Contributions (at the rate of 1% of earnings by both the employer and employee i.e. a total of 2%) are payable in respect of all staff who work under a contract of service, apprenticeship or learnership, whether express or implied, excluding -

A. Staff or students employed for less than 24 hours per month with THE COMPANY.

B. A person employed elsewhere who does sessions at THE COMPANY (in view of the fact

that his/her normal employment is not at THE COMPANY).

C. Any contract staff who have to be repatriated at the end of their contract.

D. Staff will pay contributions on earnings up to a maximum of R97 188 since all earnings above this amount are exempt.

E. Where a student, full-time or part-time, is paid on a monthly basis, and there is doubt as to whether he/she works for less than 24 hours per month, he/she must be assumed to be a contributor to the unemployment insurance fund and the necessary deductions and payments must be made.

Do you fall into one of the above categories?

YES (state category)

NO

HOW MANY HOURS PER WEEK DO YOU WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In terms of your employment contract, the Company is required to make and deduct contributions to the fund on your behalf. Details of your employment must be endorsed on your contributors’ record card.
2. To enable the Company to comply with this requirement please attach your blue UIF contributors record card to this form (where appropriate) and return to:

The Department of Human Resources

1. Please give reason for not attaching contributor’s record card.

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| --- | --- | --- | --- | --- | --- |
| **SURNAME:** |  | | | **FIRST NAMES:** |  |
|  | | | | | |
| **IDENTITY NUMBER: DEPARTMENT:** | | |  | | |
|  | | | | | |
| **DATE OF APPOINTMENT:** | |  | | | |