EMPLOYEE TAKE-ON FORM

Please complete in CAPITAL LETTERS using a black pen. Fields printed in grey must be marked with an "X".

Personal Details

Title	MR	MISS	MRS	MS	DR	PROF	REV	Other:
First Names								
Surname							Known As:	
Identification Type	RSA ID		Passport		Work Permit		Other:	
ID / Passport / Other No.							Passport Country of Issue:	
Date of Birth	C C Y Y M M D D							
Gender	Male		Female				Has Disability:	Yes / No
Marital Status	Single		Married		Divorced	Separated	Widowed	Domestic Partner
Equity Group	African		Coloured		Indian / Asian	White	(Required for Employment Equity reports)	
No. of Medical Aid Members	Adults :				Children :		(No. of adults must include main member)	

Contact Details

Physical Address		Postal Addr.	
Postal Code		Postal Code	
Telephone No. (Home)		Cellular No.	
E-mail Address (Home)			

Emergency Contacts

Primary Contact Person		Relationship		Contact No.	
Secondary Contact Person		Relationship		Contact No.	

Banking Details

Bank Name				Branch Name		
Bank Account Number				Branch Code		
Bank Account Type	Cheque	Savings	Transmission	Bond	Sub. Share	
Account Holder Type	Own Account	Joint Acc.	3rd Party	Acc. Holder		
				(Only if Joint Account or 3rd Party Account)		

Tax Details

Registered for Income Tax	Yes	No	Not Sure	Tax Ref. No.	

FOR OFFICE USE ONLY

Payroll Number				Job Title	
Appointment Date	C C Y Y M M D D			Job Grade	
Appointment Type	PERM	CONTRACT	CASUAL	Job Level	
Contract Expiry Date	C C Y Y M M D D			Job Category	
Payment Frequency	Weekly	Fortnightly	Monthly	Cost Centre	
Payment Method	Cash	Cheque	Electronic	Department	
Pay Point					