



EMPLOYEE DATA

Company : _____

Personal Information					
Surname		Title	Mr Mrs Ms		
First Names		Postal Address			
Date of Birth					
ID/Passport No.				Code	
Marital Status				Residential Address	
Spouse					
Dependants	(excl spouse)	Code			
Occupation		Telephone No.			
Tax No.		Tax Office			
Payment Information					
Bank		Account Type			
Branch		Account Holder			
Branch Code		Account No.			
Cost Centre		Date Employed			
Package Information					
Total Salary		Other Allowance			
Basic Salary		Medical Aid	Yes No		
Travel Allowance		Leave Entitlement			
Signature :		Date :			