## **New Employee Information Data Capture Sheet**

Important: All fields below marked with (\*\*\*) are mandatory fields as per SARS IRP5 requirements. Please ensure that all appropriate fields are completed accurately and in full. Missing or incomplete items will result in unnecessary payroll queries.

					Person	al Informat	ion (***)
Surname:							
Initials:				Title:			
First Name:			5	Second Name:			
Also Known As:							
Date of Birth:	C C Y Y M M	I D D	ID Number:				
Passport number:							
(only if not an RSA			Passport				
citizen)			Country:				
Cell Number:				Fax Number:			
Home Number:			Busi	iness Number:			
Email Address::							
Marital Status:	Married	Single		Divorced		Widowed	
Equity Group:	African	Coloured		Indian		White	
Gender:	Male	Female					
Income Tax Number:	(Mandatory for all employees earning in	n overes of B60,000 p		Tax Of	fice:		
	(Mandatory for all employees earning in	Texcess of R60 000 pa	a)		Addres	s Informat	ion (***)
RESIDENTIAL:	0						
Unit Number:	Complex:						
Street Number:							
Street Name / Farm:							
Suburb / District:							
City / Town:				Po	stal Code:		
POSTAL ADDRESS: PO Box/ Private Bag /							
Postnet Suite/ etc							
Number:							
Suburb / District:							
City / Town:				Po	stal Code:		

			Emergency Co	ntact Details					
Name & Surname:									
Cell Number:			Work Phone:						
			Ranking	g Details (***)					
				g Details ( )					
Pay Method:	Electronic Transfer	Cheque	<b>☐</b> Cash						
Type of Account:	Cheque/Current	Savings	Transmissio	n					
Bank Name:			Branch Name:						
Bank Clearance Number:	Accoun	nt Number:							
Account Holder Name:			ccount Holder Relationship: e.g. Own; Spouse; etc.)						
_			Signature	of Employee					
Signature to confirm correctness of information supplied:									
				Office Hee					
Г				Office Use					
Date Engaged:	C C Y Y M M D	D Em	nployee Code:						
Method of Payment:	Electronic Transfer	Cash	Cheque						
Job Grade:	Job Title:								
Department:	Pay point:								
Annual Leave Entitlement:									
Annual Package:	R		Provision for Tax on Annual Bonu	s? Y/N					
Package Components:	Cash	R	Medical Aid	R					
_	Travel	R	Provident Fund	R					
		R		R					
Other Information:		•							
- -									
Medical Aid Dependants:			(e.g. Member + 1)						
Credit Line number:			(Only applicable to Nedbank user	s)					