

forward together \cdot saam vorentoe \cdot masiye phambili

PERSONAL PARTICULARS OF EMPLOYEE

Complete this form if you are a first-time employee of the University

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Title (Prof/Dr/Mr/Ms	etc.):			Gend	ler:	Ma	ile		Fe	emale	
Passport no:				Expir	y date:						
Work permit no:				Expir	y date:						
Residence permit: (please attach a copy of work / residence permit)			Yes		Nationality:						
			No	ID number: (please attach copy)							
Surname:											
First name(s):											
Maiden name:											
Postal address:											
									Post	code:	
Street address:								ı			
									Post	code:	
Correspondence language preference: (tick box) Englis								Afrika	aans		
Are you disabled?	Yes Do you hold a position					•	stitution	other		Yes	
(See note):	No than Stellenbosch University?									No	
Race: (Information required by statute for				Asian / Indian			Black				
statistical purposes)				Coloured					White		
Marital status:	Marrie	d	Sing	le				Į.			
If you have a tax re	ference n	umber, pro	ovide it her	e:							
DECLARATION											
l declare that the info	rmation f	urnished ir	n this form	is true	and corre	ct.					
Date Signature of employ				•			•	Department or division where employed			
NOTE: "People with	disabilitie	s" refers to	people w	ho have	e a long-te	erm or	recurrii	ng phy	sical	or men	tal

NOTE: "People with disabilities" refers to people who have a long-term or recurring physical or mental impairment that substantially limits their prospects of entry into, or advancement in, employment.