

REQUISITION FOR WAGES

Applicant:		UT Number:	
Telephone number:		Date:	
Approved by (name):		Signature:	
Email:			

UT Number	Surname and Initials	ID Number	Cost Centre	Project Nr	Amount	No. of hours	Signature
Total for page :							



Bank Account Details

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

UT Number / Student Number:			
Surname and initials:			
Title (Prof/Dr/Mr/Ms etc.)		Rank:	
Department:			
Name of bank / financial institution:			
Name / address of branch:			
Type of account (select box)	Cheque	Savings	
Account holder relationship:	Joint	Own	Third-party
Account holder's name:			
Account number:			
Branch code:			

The account number must be certified by the bank OR proof of the account number must be attached – e.g. a cancelled cheque.

SIGNATURE OF EMPLOYEE

DATE

CERTIFICATION BY FINANCIAL INSTITUTION

It is hereby certified that account number stated above is correct.

SIGNATURE FOR FINANCIAL INSTITUTION

DATE STAMP

PERSONAL PARTICULARS OF EMPLOYEE

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

Title (Prof/Dr/Mr/Ms etc.):		Gender:		Male		Female	
Passport no:		Expiry date:					
Work permit no:		Expiry date:					
Residence permit: <i>(please attach a copy of work / residence permit)</i>		Yes	Nationality:				
		No	ID number: <i>(please attach copy)</i>				
Surname:							
First name(s):							
Maiden name:							
Postal address:							
						Post code:	
Street address:							
						Post code:	
Email address:							
Correspondence language preference: <i>(tick box)</i>			English		Afrikaans		
Are you disabled? <i>(See note):</i>	Yes		Do you hold a position at any institution other than Stellenbosch University?			Yes	
	No					No	
Race: <i>(Information required by statute for statistical purposes)</i>			Asian / Indian		Black		
			Coloured		White		
Marital status:	Married		Single				
If you have a tax reference number, provide it here:							

DECLARATION

I declare that the information furnished in this form is true and correct.

Date

Signature of employee

Department or division where employed

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.