



PERSONAL INFORMATION

Surname		UT Number	
Full name(s)		Maiden name	
Title		Nationality	
Race	Asian / Indian	African	Coloured
Gender	Male	Female	
Date of birth	ID number		
Passport no.	Passport expiry date		
Country where passport was issued			

Please attach copy of passport

Work permit number	Permit expiry date
Country where work permit was issued	

Please attach copy of work permit

Residential permit <i>(Please attach copy of residential permit)</i>	Yes	No
Marital status	Income tax reference number	
Telephone number	Work	
	Home	
	Cell phone	
Personal email		
Postal address		
	Postal code	
Street address		
	Postal code	
Language of correspondence	Afrikaans	English

Particulars of Disability

Are you disabled?	Yes	No
If yes, please state your disability		

NOTE: 'People with disabilities' refers to people who have a long-term or recurring physical or mental impairment

Particulars of Other Employment

Do you hold a position at any institution other than Stellenbosch University?	Yes	No
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Qualifications			
Degrees / Diplomas / Certificates / highest grade achieved at school	Institution where achieved	When achieved (date)	
Particulars of Spouse / Relative			
Full names and surname			
Contact number			
Email			
Is your spouse/relative employed by Stellenbosch University?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please state department or division			
Acceptance of Appointment			
Declaration			
I the undersigned declare herewith that:			
<ul style="list-style-type: none"> • I have never been convicted of any criminal offence by a competent court; • I have never been convicted by a previous employer of fraud, theft, corruption, bribery or dishonesty, nor have I been dismissed from a job based on a conviction thereof or resigned due to such behaviour; • I, with the acceptance of the appointment at Stellenbosch University, am not appointed elsewhere; • this declaration is made voluntarily and the content hereof is correct; and • I accept and agree that the Stellenbosch University may summarily dismiss me if at any stage it appears that the above statement is false. 			
Signature of employee		Date	