



REQUISITION FOR WAGES

Applicant : _____ Approved by (Block letters) _____
 Applicant's UT number: _____ Signature _____
 Date : _____
 Telephone number : _____

UT Number	Surname and Initials	ID Number (13 digits)	Cost Centre	Project Nr	Amount	Number of hours	Signature



DETAILS OF BANK ACCOUNT

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

1. UT-NUMBER / STUDENT NUMBER:
2. SURNAME AND INITIALS:
3. TITLE (Prof/Dr/Mr/Ms etc.):
4. RANK:
5. DEPARTMENT:
6. DETAILS OF BANK/FINANCIAL INSTITUTION:
NAME OF BANK:
NAME/ADDRESS OF BRANCH:

TYPE OF ACCOUNT: CHEQUE SAVINGS
(MARK WITH X)

ACCOUNT HOLDER RELATIONSHIP: JOINT OWN THIRD PARTY
(MARK WITH X)

ACCOUNT NUMBER:

BANK BRANCH CODE:

ACCOUNT HOLDER'SNAME _____

(The account number must be certified by the bank OR proof of the account number must be attached eg. 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



HUMAN RESOURCES

PERSONAL PARTICULARS OF EMPLOYEE / CLOSED CORPORATION

This form must be completed when you start working at Stellenbosch University for the first time

1. Title (e.g. Prof/Dr/Mr/Mrs/Miss) _____	Passport no _____ Expiry Date _____
2. Gender: Male/Female _____	Work Permit no _____ Expiry Date _____
3. Surname (block capitals) _____	Residence Permit _____ YES/NO <i>(Please attach copy of work permit/residence permit)</i>
4. First name _____	Contact no _____
5. Maiden name _____	ID-number _____ <i>(Please attach copy ID-document)</i>
	Date of birth _____

6. Postal address _____	Postal code _____
Street address _____	Postal code _____

7. Language preference

8. **Correspondence Language:** Afrikaans English IsiXhosa

9. Home language and language competency (Mark with an X)

	Language Competency			
	Home Language	Read	Speak	Write
Afrikaans				
Sepedi				
Setswana				
Tshivenda				
isiNdebele				
isiZulu				

	Language Competency			
	Home Language	Read	Speak	Write
English				
Sesotho				
siSwati				
Xitsonga				
isiXhosa				
Other (<i>Specify</i>)				

10. Are you disabled? (See NOTE) YES NO

If the answer is YES, please state your disability _____

11. Do you hold a position at any institution other than Stellenbosch University? Mark with an "X"

YES NO

12. Marital status: Mark the applicable block with an X Married Unmarrie

13. If you have an income tax reference number, please quote here:

14. Your nationality (e.g. SA citizen, Namibian citizen, etc.) _____

15. Race (Information required by statute for statistical purposes) Asian/Indian African Coloure White

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

_____ Date _____ Signature of employee _____ Department or division where employed

Name of Supervisor _____ UT-number of Supervisor _____

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.