

## 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
<b>Total for page :</b>							

## 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.