

Please complete this form for every new employee added to payroll. Fields marked with an asterisk (*) are required before the employee's first pay run.

EMPLOYEE PERSONAL DETAILS

Full Names *		Surname *	
ID Number *		Date of Birth *	
Residential Address *			
Cell Number *		Email Address	
Income Tax Number			

EMPLOYMENT DETAILS

Job Title / Position *					Start Date *	
Employment Type:	Full-Time	Part-Time	Fixed-Term	Temporary		
Basic Monthly Salary *					Probation Period (months)	

WORKING DAYS & HOURS

Working Days (e.g. Mon - Fri) *			Hours per Week *	
Start Time *			End Time *	
Lunch / Break Duration				

STATUTORY & BENEFITS

Retirement / Provident Fund:	Yes	No	
Fund Name (if yes)			Contribution %
Medical Aid Member:	Yes	No	
Scheme Name (if yes)			Number of Dependents

BANKING DETAILS

Bank Name *			Branch Name	
Account Number *			Branch Code	
Account Type:	Cheque / Current	Savings		

SUPPORTING DOCUMENTS REQUIRED

- Certified copy of ID
- Proof of banking details (bank confirmation letter or stamped statement)
- Proof of residential address
- Signed employment contract

HOW TO SUBMIT THIS FORM

Please upload your documents through our Client Portal, or as advised by your consultant.