

**EMPLOYEE INFORMATION SHEET**



a	<b>TITLE</b>	
b	<b>FULL NAMES AND SURNAME</b>	
c	<b>DATE OF BIRTH</b>	
d	<b>ETHNIC GROUP</b>	
e	<b>HOME LANGUAGE</b>	
f	<b>GENDER</b>	
g	<b>IDENTITY/PASSPORT NUMBER</b>	
	<b>PASSPORT COUNTRY</b>	
h	<b>MARITAL STATUS</b>	
i	<b>SPOUSE'S FULL NAMES</b>	
	<b>SPOUSE'S TELEPHONE NUMBER</b>	
j	<b>STREET ADDRESS</b>	
k	<b>POSTAL ADDRESS</b>	
l	<b>EMAIL ADDRESS</b>	
m	<b>CONTACT TELEPHONE NUMBER</b>	
n	<b>DRIVER'S LICENSE NUMBER</b>	
o	<b>DRIVER'S LICENSE DATE OF ISSUE</b>	
p	<b>WORK ADDRESS</b>	
q	<b>NEXT OF KIN NAME</b>	
r	<b>NEXT OF KIN RELATIONSHIP</b>	
s	<b>EMERGENCY CONTACT DETAILS</b>	

I hereby declare that the representations and information provided by me hereinabove are both true and correct.

**EMPLOYEE NAME:** \_\_\_\_\_

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

