

FRANCHISEE MASTERFILE

Due to the changes that SARS has introduced the following information is needed in order to have a successful submission for the company's EMP501. Please note that most of this information is now mandatory. Please complete this form in full and return no later than the End of September 2013.

SURNAME: _____

FIRST TWO NAMES: _____

ID / PASSPORT NUMBER (if no ID): _____

Passport Country of Issue: _____

INCOME TAX NUMBER: _____

RESIDENTIAL ADDRESS: _____

Unit No: _____

Complex (if applicable) _____

Street No: _____

Street Name: _____

Suburb/District _____

City/Town _____

Postal Code _____

POSTAL ADDRESS (if different to Residential): _____

TELEPHONE:

Home: _____

Cell: _____

E-mail: _____

Fax: _____

BANKING DETAILS:

Bank name: _____

Branch name: _____

Branch code: _____

Account number: _____

Type of account: _____

Account holder name: _____

Account holder relationship (circle one): Own, Joint, 3rd Party

FRANCHISEE BUSINESS ADDRESS:

Unit No: _____

Complex (if applicable) _____

Street No: _____

Street Name: _____

Suburb/District _____

City/Town _____

Postal Code _____

FRANCHISEE BUSINESS POSTAL ADDRESS (if different to Residential): _____

FRANCHISEE BUSINESS TELEPHONE NUMBER: _____

OTHER INFORMATION FOR PERSONAL PURPOSES

NEXT OF KIN: _____

CONTACT NUMBER: _____

MARITAL STATUS: _____

FULL NAME OF SPOUSE: _____

NO OF DEPENDANTS LIVING WITH YOU: _____

MEDICAL PRACTITIONER: _____ **TEL NO:** _____

Any Current medical conditions we need to be aware of: _____

PLEASE ATTACH:

- COPY OF ID
- PROOF OF RESIDENCE
- LATEST PAID TAX RETURN
- FET CERTIFICATES
- PROOF OF BANKING DETAILS
- COMPANY REGISTRATION DOCUMENTS (If Applicable)
- VAT CERTIFICATE (If Applicable)

Thanking you for your assistance

Yvonne van Wyk