

# **EMPLOYEE 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:**

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**FIRST TWO NAMES:**

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**ID / PASSPORT NUMBER (if no ID):**

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**Passport Country of Issue:**

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**INCOME TAX NUMBER:**

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**RESIDENTIAL ADDRESS:**

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Unit No:

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Complex (if applicable)

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Street No:

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Street Name:

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Suburb/District

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City/Town

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Postal Code

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**POSTAL ADDRESS (if different to Residential):**

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**TELEPHONE:**

Home:

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Cell:

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E-mail:

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Fax:

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**BANKING DETAILS:**

Bank name:

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Branch name:

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Branch code:

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Account number:

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Type of account:

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Account holder name:

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

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**EMPLOYEE BUSINESS ADDRESS:**

Unit No: \_\_\_\_\_

Complex (if applicable) \_\_\_\_\_

Street No: \_\_\_\_\_

Street Name: \_\_\_\_\_

Suburb/District \_\_\_\_\_

City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_

**EMPLOYEE BUSINESS POSTAL ADDRESS (if different to Residential):** \_\_\_\_\_

**EMPLOYEE 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

Thanking you for your assistance

Yvonne van Wyk