

E-Mail: clips@iafrica.com Website: www.ipssa.co.za Tel: (012) 991 5444 & Fax: (012) 991 5776 Directors: C Louw(Managing) & AJ Louw

PERSONAL PARTICULARS SETUP FORM

EMPLOYEE CODE: (If not new starter)	E-MAIL ADDRESS (PAYSLIPS):		
		E MAIE ADDITEGO (I ATOLI	3).
SURNAME:			T
FULL NAMES: (All of them) (STATUTORY)			KNOWN AS:
ADDRESS:	HOME/RESIDENTIAL (STATUTORY)	POS	STAL (STATUTORY)
UNIT NO:			
UNIT NO:			
NAME OF COMPLEX:			
STREET NO:			
STREET NAME:			
SUBURB:			
CITY/TOWN:			
POSTAL CODE:			
INCOME TAX NUMBER/OFFICE (STATUTORY)	TAX NO:	TAX OFFICE:	
INCOME TAX NOMBER/OFFICE (STATOTOKT)	TAX NO.	TAX OFFICE.	
ID NUMBER (STATUTORY)			
DATE OF BIRTH: (When no RSA ID no is available)			
(STATUTORY) PASSPORT DETAILS: (When no RSA ID no is			
available) (STATUTORY)	PASSPORT NO:	PASSPORT COUNTRY:	
EQUITY GROUP:	AFRICAN - INDIAN - COLOURED - WHI	ΓE	
GENDER:	MALE		FEMALE
		•	
MARITAL STATUS:	SINGLE - MARRIED - WIDOWED - DIVORCED		
JOB TITLE:			
DATE ENGAGEN/074DTED			
DATE ENGAGED/STARTED:			
PAYPOINT DETAILS:	DEPARTMENT:	COST CENTRE:	
BANKING DETAILS: (ACCOUNT HOLDER)		BRANCH CODE (First 6	
(STATUTORY)	NAME OF BANK	digits)	ACCOUNT NUMBER
NAME OF ACCOUNT HOLE (
NAME OF ACCOUNT HOLDER: (STATUTORY) TYPE OF ACCOUNT: (ACCOUNT HOLDER)		T	ACCOUNT RELATIONSHIP:
(STATUTORY)	SAVINGS	CHEQUE	OWN - SPOUSE - OTHER
•			•
SIGNATURE		DATE	_