

<p>If you are a foreigner, do you have a work permit (attach copy)</p>	<p>Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>YES: _____ NO: _____</p>
<p><u>If you are:</u> a <u>STUDENT: (CITY AND GUILDS)</u> <u>OR</u> a <u>LEARNER: (SERVICES SETA)</u>, please complete the following: (Attach copy of Contract)</p>	<p>City and Guilds: _____</p> <p>Service SETA: _____ (mark with X)</p> <p>Level Completed:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Under Contract: YES _____ NO _____ (mark with X)</p>
<p>Salon Name:</p>	
<p>Salon Number: (if known)</p>	
<p>Start date at Salon:</p>	<p>Year: _____ Month: _____ Day: _____</p>
<p>Employee's Physical Address:</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Code:</p>	
<p>Employee's Postal Address:</p>	<hr/> <hr/> <hr/> <hr/>
<p>Code:</p>	
<p>Employee's contact details:</p>	<p>(W)Code (____) Tel No _____</p> <p>(H) Code (____) Tel No _____</p> <p>Cell: _____</p> <p>E-Mail: _____</p>
<p>Employee's Basic Salary:</p>	<p>R _____ . _____</p>

Do you have an EXEMPTED basic salary? (An exempted salary is a salary either higher or lower than the prescribed salary) (if YES, please indicate exempted salary)	YES ____ NO ____ R _____.
Salary Exemption START date: (YEAR/MONTH/DAY)	Year: _____ Month: ____ Day: _____
Salary Exemption END date: (YEAR/MONTH/DAY)	Year: _____ Month: ____ Day: _____
Do you have a different basic salary for Sick Pay Fund deductions? (If YES, please complete salary)	YES ____ NO ____ R _____.

2. **UNION MEMBERSHIP:**

Are you a member of the Union? (Mark with X)	YES ____ NO ____
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3. **NATIONAL PENSION FUND DETAILS:**

Are you a member of the National Pension Fund? (Mark with X)	YES ____ NO ____
<u>If NO,</u> does your salon have an approved exemption from the National Pension Fund? (Mark with X)	YES ____ NO ____
Date you started with the National Pension Fund:	Year: _____ Month: ____ Day: _____

4. **EMPLOYEE'S PERSONAL TAX DETAILS:**

(It is law that all employees, whether tax is deducted or not, must be registered with SARS)

Are you registered for PAYE? (Mark with X)	YES ____ NO ____
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Your Tax Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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5. NATIONAL SICK PAY FUND MEMBERSHIP:

Are you a member of the National Sick Pay Fund? (Mark with X)	YES ____ NO ____
If NO, do you have an approved exemption from the National Sick Pay Fund? (Mark with X)	YES ____ NO ____
Starting date with National Sick Pay Fund:	Year: _____ Month: _____ Day: _____
Are you a National Sick Pay Fund <u>CONTINUATION MEMBER</u>? (Mark with X)	YES ____ NO ____

I/ the ABOVE-STATED EMPLOYEE, by MY/OUR SIGNATURES hereunder do hereby CERTIFY and WARRANT THAT:

1. ***ALL PARTICULARS CONTAINED IN THIS REGISTRATION APPLICATION ARE CORRECT.***

SIGNED ON THIS _____ (DAY) OF _____ (MONTH) 20_____

PRINT NAMES IN FULL

Employee's Signature

PRINT NAMES IN FULL

Legal Owner/s Signature/s