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ANNEXURE B

APPLICATION FOR REGISTRATION OF AN EMPLOYEE

Notes: - Please Complete ALL questions.

AGENT	
DIVISION/ AREA	
1. EMPLOYEE'S DETAILS:	
Surname:	
Maiden Surname: (where applicable):	
Full names:	
Initials:	
Title: (mark with an X)	Mr Ms Mrs Other (<i>specify</i>)
Gender: (mark with an X)	Male Female
Race: (mark with an x)	Black White
For statistical purposes	Coloured Indian Other: (specify)
Date of Birth:	Year:Month:Day:
Identity or Passport number:	
Job Description:	Qualified:
(for example: Qualified Stylist,	Unqualified:
Operator, Learner, Student etc.)	Certified:
	Other: (specify)
	(Mark with X)
	Work
If you are a foreigner, do you have a	Code:
work permit (attach copy)	YES: NO:

<u>If you are:</u>	City and Guilds:
a STUDENT: (CITY AND GUILDS)	Service SETA:
<u>OR</u>	(mark with X)
a <u>LEARNER: (SERVICES SETA)</u> , please	
complete the following:	Level Completed:
(Attach copy of Contract)	
	Under Contract: YES NO
	(mark with X)
Salon Name:	
Salon Number: (if known)	
Start date at Salon:	Year:Month:Day:
Employee's Physical Address:	
Code:	
_ , ,	
Employee's Postal Address:	
Code:	
code:	
Employee's contact details:	(W)Code () Tel No
	(H) Code () Tel No
	Cell:
	E-Mail:
Employee's Basic Salary:	R
Do you have an <u>EXEMPTED</u> basic	YES NO
salary? (An exempted salary is a	
salary either higher or lower than the	R
prescribed salary)	
(if YES, please indicate exempted	
salary)	
Salary Exemption START date:	

(YEAR/MONTH/DAY)	Year: Month:Day:	
Salary Exemption <u>END</u> date:		
(YEAR/MONTH/DAY)	Year: Month: Day:	
Do you have a different basic salary		
for Sick Pay Fund deductions?	YES NO	
(If YES, please complete salary)	R	
2. <u>UNION MEMBERSHIP:</u>		
	YES NO	
(Mark with X)		
3. NATIONAL PENSION FUND DETAILS:		
Are you a member of the National		
Pension Fund?	YES NO	
(Mark with X)		
If NO, does your salon have an		
approved exemption from the		
National Pension Fund?	YES NO	
(Mark with X)		
Date you started with the National		
Pension Fund:	Year: Month:Day:	
4. <u>EMPLOYEE'S PERSONAL TAX D</u>	ETAILS:	
(It is law that all employees, w	whether tax is deducted or not, must be	
registered with SARS)		
Are you registered for PAYE?	YES NO	
(Mark with X)		
Your Tax Number:		
5. NATIONAL SICK PAY FUND MEMBERSHIP:		
Are you a member of the National		
Sick Pay Fund?	YES NO	
(Mark with X) 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 CONTINUATION MEMBER? (Mark with X)	YES NO
I/ the ABOVE-STATED EMPLOYEE, hereby CERTIFY and WARRANT THAT	by MY/OUR SIGNATURES hereunder do Γ:
1. ALL PARTICULARS APPLICATION ARE COR	CONTAINED IN THIS REGISTRATION RECT.
SIGNED ON THIS (DAY) OF	(MONTH) 20
PRINT NAMES IN FULL	Employee's Signature

PRINT NAMES IN FULL

Legal Owner/s Signature/s