

Email : accounts@hcsbc.co.za

Tel: 0861 427 227

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 (specify) ____																				
Gender: (mark with an X)	Male ____ Female ____																				
Race: (mark with an x) For statistical purposes	Black ____ White ____ Coloured ____ Indian ____ Other: _____ (specify)																				
Date of Birth:	Year: ____ Month: ____ Day: ____																				
Identity or Passport number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Job Description: <i>(for example: Qualified Stylist, Operator, Learner, Student etc.)</i>	Qualified: ____ Unqualified: ____ Certified: ____ Other : (specify) _____ (Mark with X)																				
If you are a foreigner, do you have a work permit (attach copy)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 20px;">Work</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 50px; height: 20px;">Code:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Work					Code:														
Work																					
Code:																					
	YES: ____ NO: ____																				

<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: _____ Service SETA: _____ (mark with X)</p> <p>Level Completed: <div style="border: 1px solid black; height: 30px; width: 100%;"></div></p> <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>Employee's Postal Address:</p>	<hr/> <hr/> <hr/> <hr/>
<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>
<p>Do you have an <u>EXEMPTED</u> basic salary? (An exempted salary is a salary either higher or lower than the prescribed salary) (if YES, please indicate exempted salary)</p>	<p>YES _____ NO _____</p> <p>R _____.</p>
<p>Salary Exemption START date:</p>	

Are you a National Sick Pay Fund CONTINUATION MEMBER? (Mark with X)	YES ____ NO ____
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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