

TAX ON SERVICE BONUS

NAME:
PERSAL NO:
INSTITUTION:
Elect to have the tax on service bonus recovered each month proportionately over the tax year
Elect to have the service bonus tax paid once off in my birthday month.
I declare that I am fully aware of the implications of my choice.
SIGNATURE:
DATE:

... Championing Quality Education - Creating and Securing a Brighter Future

KWAZULU-NATAL DEPARTMENT OF EDUCATION

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PROVINCE OF KWAZULU-NATAL DEPARTMENT OF EDUCATION

ASSUMPTION OF DUTY

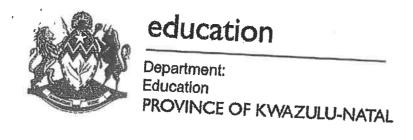
INSTRUCTION

- (a) This form must be completed for all Public Service Personnel and Educators in respect of Appointments, Promotions and Transfers.
- (b) Forms for School-Based Personnel must be submitted to the Regions Office via the District Office.
- (c) Forms for Office-Based Personnel must be submitted through the correct channels.

		conect channels.
Institution/Office:Surname:	District:	
Surname:	First Name/s:	(if applicable)
Persal Number:	ID Number:	
Rank:	Post Number /if applicable):	
Date of assumption of duty:		
(a) Replacement for:		
(b) Reason (e.g. Leave, Resignation, Transfe	r etc)	· ×
	., 0.0.,	
(c) Periodto		
Type of appointment (e.g. temporary):		
Previous Institution / Office:		
EAD OF INSTITUTION / OFFICE	DAT	TE

KWAZULU-NATAL PROVINCIAL ADMINISTRATION APPLICATION TO CHANGE BANKING ACCOUNT DETAILS

Department of I,	band's / my wife's accour		
(Full name in block letters) hereby request you to pay my net salary to the credit of *my/my husi at the under-mentioned Bank until further notice. Persal Number Identity Number *Bank *Branch (Street) City *Controlling branch code *Account Number *Tel No of Bank *Fax No of Bank	band's / my wife's accour		
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* Controlling branch code * Account Number * Tel No of Bank * Fax No of Bank			
* Account Number * Tel No of Bank * Fax No of Bank			
* Tel No of Bank - * Fax No of Bank			
* Fax No of Bank			
* To be completed by a			
* To be completed by the Bank			
Indicate with an "X" Savings Account			
	asmission Account		
Applicant's signature Rank	Date		
I confirm as the paymaster that this form has been correctly completed by the that the applicant is employed in my institution.	ne rightful person, and		
Paymaster's signature Rank	_		
'aymaster's Surname & Initials :	Date		
OFFICIAL DATE STAMP			
BANK DATE STAI	MP .		



ELECTION FORM: PAYMENT OF THE 13TH CHEQUE / SERVICE BONUS

JRNAME:	INITIAL C.
NK:	WITIALS:
STRICT :	· LIGALIUG
	ment of my 13 th cheque/service bonus with effect from 1 Ma as indicated with an "X" hereunder:
JANUARY	JULY
FEBRUARY	
MARCH	AUGUST
APRIL	SEPTEMBER
MAY	OCTOBER
UNE	NOVEMBER
	DECEMBER
erstand that this is a once-off election	which is irrevocable.
MPLOYEE SIGNATURE	DATE

DECLARATION

I	hereby declare that I am accepartment of Education without any expetomatic permanent retention into the position department.	and the second s
I further declare that this dispels as part and I pledge to apply and contadvertised in due course within the	ny possible legitimate expectation that it test for any post in the Department that be Department.	nay arise on my may be
Signed on this day of	2010 at	
Signature of official		
WITNESES		
Name	Signature	
Name	Signature	



Application for Employment

WHAT IS THE PURPOSE OF THIS FORM	A. THE ADVERTISED POST						
To assist a government department in selecting a person for an advertised post.				Departi adverti	tment where the position was ised		
This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.	advert) when notice			when c	are offered the position, can you start OR how much e must you serve with your nt employer?		
WHO SHOULD COMPLETE THIS FORM							
Only persons wishing to apply for an advertised position in a	B. PERSONAL INFORMATION						
government department.	Surname						
ADDITIONAL INFORMATION This form requires basic	First Names						
information. Candidates who are selected for interviews will be	Date of Birth						
requested to furnish additional certified information that may be required to make a final selection.	ID number ²						
SPECIAL NOTES	Race ³	African	Wi	nite	Coloured	Indian	
1 - All information will be treated with the strictest confidentiality	Gender ³				FEMALE	MALE	
and will not be disclosed or used for any other purpose than to	Do you have a disability? ³				YES	NO	
assess the suitability of a person, except in so far as it may be	Are you a South African Citizen?			?	YES	NO	
required and permitted by law. Your personal details must correspond with the details in your	If no, what is your Nationality						
ID or passport. 2 - Passport number in the case of	And do you have a valid work Permit?				YES	NO	
non-South Africans. 3 - This information is required to	criminal offend	ave you ever been convicted of a riminal offence or been dismissed orm employment? ⁴			YES	NO	
enable the department to comply with the Employment Equity Act, 1998.	If your profession or occupation requires State or official registration, provide date and						
4 - This information will only be taken into account if it directly relates to the requirements of the	particulars of registration.						
position. 5 - Applicants with substantial	C. HOW DO WE CONTACT YOU						
qualifications or work experience must attach a CV.	Preferred language for correspondence?						
	Telephone number during office hours			rs ()			
	Preferred meth correspondenc	I P		Post	E-mail	Fax	
	Correspondence contact details (in terms of above)						