EMPLOYEE CHANGE FORM

PERSONAL DETAILS

EMPLOYEE NUMBER		**DATE ENGAGED**	
SURNAME		**INITIALS**	
FULL NAMES		**KNOWN AS**	
REGION		**DIVISION**	
JOB TITLE		**DEPARTMENT**	

ONLY COMPLETE THE CHANGES ON THE REST OF THE FORM

Personal Details

Title		**Surname**		
Full Name		**Initials**		
Marital Status	Married ☐	Single ☐	Separated ☐	Divorced ☐
Spouse's Name				
Spouse' ID Number				
Residential Address				
Contact Details	Mobile/Cell Number			
	Home Tel Number			

Payroll Details

Bank Name		**Branch Name**	
Account Number		**Branch Code**	
Account Type		**Account Holder**	

NB: Please attached a copy of proof of banking details reflecting the new account number

Employee Signature:_____ **Date:**_____

For Office Use Only

Processed by		**Date**	