

NOP

Iphondo Is	Mpuma Kapa:	Isebe left	fundo.	
Provinsie	van die Oos Ka	iap: Depa	rtmont van	Onderwys
Poratonsi	e ya Kapa Bati	ababala	Letapha la	Inuto

OFFICE OF THE DIRECTOR: HUMAN RESOURCE ADMINISTRATION

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UPDATING OF PERSONAL INFORMATION ON PERSAL

PERSONAL INFORMATION	
PERSAL number	
ID Number or Passport number (non- South African citizens) Latest ID number for all South African citizens as contained in the population register.	
Surname Surname must match with ID or passport	
Initials Initials must match with ID or passport. Maximum of three initial.	
First Names Must match with ID or passport	
Date of Birth	
Race	
Gender	
Disability Attach proof of Disability	
Marital status Attach Marriage certificate and ID copy Attach Divorce Degree where applicable	
Date of Marriage	
Full name of Spouse	
Citizenship	
Date of Citizenship Only required if employee was not born as a South African	
Nationality	Page 1
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UPDATING OF PERSONAL INFORMATION ON PERSAL

Only required for people with non-South	
African citizenship	
Residential Address	
Contact Details	
Mark normait number	
Work permit number	
Copy of Work permit to be attached	
Expiry date – current work permit	
Next of Kin	
Polotionahin	
Relationship	
Address	
Contact details	
Dependants	
-	
Attach birth certificates of all dependants	
Indicate nature of dependency	
(Child/Foster Child/etc)	
School Qualification	
Attach Copy	
Name of School	
Year completed	
Tertiary Qualification/s	
Attach copies of all qualifications	
Name of institution	
Subjects	
Completion Date	
Completion Date	







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UPDATING OF PERSONAL INFORMATION ON PERSAL

Date of Appointment to the public service (1)	
Department	
Date of entry	
Date of departure	
Service termination Type	
Termination date	
Reason for resignation	

Date of Appointment to the public service (2)	
Department	
Date of entry	
Date of departure	
Service termination Type	
Termination date	
Reason for resignation	

Registration with Professional body Attach proof (if applicable)	
Registration number (if applicable)	
Date of registration (if applicable)	

SIGNATURE	
NAME AND SURNAME	
DATE	e3
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