## STAFF DATA FORM FOR WESTERNLOTTO

Title:	Surname:	Name:		Other Names:		
Company	Name (Please, as it applies to you Lotto or Bet).			Job Title/Rank:		
Employee Number:		Date Employed:				
Bio Data						
Marital St	atus (Please circle the one that applies to you). Sir	ngle/Married/Divorced/V	Vidowed	Spouse Name:		
Date of Birth:		Sex:		Religion:		
Nationality:		Highest qualification:		Valid means of ID:		
Address Information						
Current Residential Address:						
Permanent Home Address:						
Email address:		Mobile No:		Telephone No (Home):		
Next of Kin's Information						
Kin's Name:		Relationship:		Mobile No:		
Kin's Residential Address:						
Pension Details (Please complete the section below if you have a Pension Fund Administrator)						
Pension F	und Administrator (PFA):	PFA/RSA/PIN:				
Payroll Details						
Bank Nam	ne:	Domicile Branch:		Account No:		
Account Holder's Name:		Account Holder' s Relationship (Please circle the one that applies to you). Own/Joint/Third Party				

Employee' s Signature

Date

To be completed by HR				
Job Title:	Start Date:	End Date:		
Site Name:	Region:	State:		
Line Manager Name:	Line Mgr Employee Number:			