

**Appendix I - SALARY CERTIFICATE - (to be completed by First Applicants Employer)**

**EMPLOYMENT DETAILS**

Name of Employee: \_\_\_\_\_

Length of service with the company: Years \_\_\_\_\_ Months \_\_\_\_\_

Position held within the company: \_\_\_\_\_

The exact location of employment: \_\_\_\_\_

Is employment permanent? Yes  No

Is employee on probation period? Yes  No

So far are you able to tell will he/she continue to be in your service? Yes  No

If so, what is the maximum of such scale and by what annual increments reached?

\_\_\_\_\_

**SALARY DETAILS**

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other income*: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Please give details of other income: \_\_\_\_\_

\_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY AN AUTHOIRISED COMPANY OFFICAL**

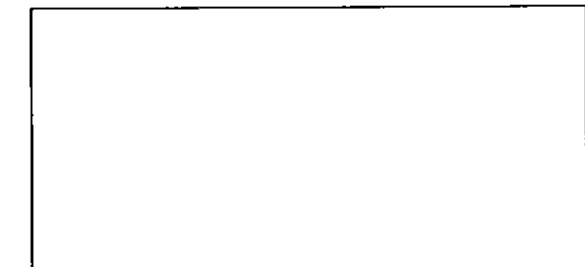
Signed by: \_\_\_\_\_

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



Please authenticate with company stamp or seal

Tel Number: \_\_\_\_\_ Date: \_\_\_\_\_

THE INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE

**Appendix I - SALARY CERTIFICATE – (to be completed by Second Applicants Employer)**

**EMPLOYMENT DETAILS**

Name of Employee: \_\_\_\_\_

Length of service with the company: Years \_\_\_\_\_ Months \_\_\_\_\_

Position held within the company: \_\_\_\_\_

The exact location of employment: \_\_\_\_\_

Is employment permanent? Yes  No

Is employee on probation period? Yes  No

So far are you able to tell will he/she continue to be in your service? Yes  No

If so, what is the maximum of such scale and by what annual increments reached?

\_\_\_\_\_

**SALARY DETAILS**

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other income*: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Please give details of other income: \_\_\_\_\_

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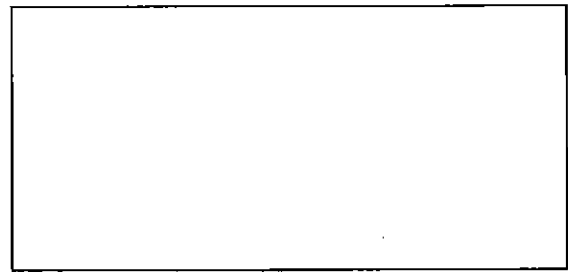
Signed by: \_\_\_\_\_

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



Please authenticate with company stamp or seal

Tel Number: \_\_\_\_\_ Date: \_\_\_\_\_

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Tel Number: \_\_\_\_\_ Date: \_\_\_\_\_

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