**YELLOW FORM**

**INCOME VERIFICATION FORM**

**SALARY VERIFICATION FORM**

To be completed by any applicant WHO EARNS a salary on a regular monthly or weekly basis from an employer e.g. salaried employee.

**APPLICANT INFORMATION** Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y |

Title Initials Surname

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

ID or passport number

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

Cell number Landline

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

I confirm that I receive a salary from an employer.

Applicant’s signature

**TO BE COMPLETED BY THE APPLICANT’S EMPLOYER**

This letter serves to confirm that the above applicant has been employed by/with

since and received the following 3 monthly/weekly incomes:

|  |  |  |  |
| --- | --- | --- | --- |
| M | M | Y | Y |

(income after deductions or ‘take home’ pay) Month/Week 1 Net income amount

|  |  |  |  |
| --- | --- | --- | --- |
| M | M | Y | Y |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| R |  |  |  |  |  |  |

Month/Week 2 Net income amount

|  |  |  |  |
| --- | --- | --- | --- |
| M | M | Y | Y |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| R |  |  |  |  |  |  |

Month/Week 3 Net income amount

|  |  |  |  |
| --- | --- | --- | --- |
| M | M | Y | Y |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| R |  |  |  |  |  |  |

**EMPLOYER CONTACT DETAILS**

Name and surname Contact number

Company stamp here

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

Employer signature Company stamp (if available)

**FOR STORE USE ONLY**

Truworths employee name and signature:

**Return the completed and signed document to any Truworths store,**

**or email to** [**mydocs@truworths.co.za**](mailto:mydocs@truworths.co.za) **or fax to 021 460 7140**

SAL/002/1/16