|  |  |  |
| --- | --- | --- |
| HR122b | **CITATION EDITOR** |  |

###### NOTES

* Forms must be downloaded from the UCT website: <https://forms.uct.ac.za/forms.htm>
* Sections A and B of this form are completed by a citation editor, when claiming an honorarium for the editing of citations.
* Once completed, this form should be submitted to the Doctoral Degrees Board (DDB) Office.

#### SECTION A: CITATION EDITOR DETAILS (To be completed by the citation editor)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname of Examiner/ Editor | | | |  | | | | | | | | | | | | | | | | First Names (in full) | | | | | | | | | | | | |  | | | | | | | | | | | |
| Title |  | | | | | | | | | | | | | | | | | | | Date of Birth | | | | | | | | | | |  | | | Staff No (office use) | | | | | | |  | | | |
| ID or Passport No. |  |  | | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | Gender (tick) | | | Male | | | | | | Female | | | |
| Please attach a photocopy of identity or passport document | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If Passport: Country of issue | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ethnic Origin (tick) | African | | | | | | | | | | | | | | Coloured | | | | | | | | | | | | | | | | | Indian | | | | | White | | | | | | | |
| If none of the above, give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Email Address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Contact Tel. Number | | | | |  | | | | | | | |
| Residential Address  (required by SARS) | Unit | | |  | | | | | | Complex | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Number and Name | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Suburb | | | | |  | | | | | |
| City | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Postal Code | | | | |  | | | | | |
| Mailing Address  (for posting of IRP5) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Postal Code | | | | |  | | | | | |
| Bank details to be supplied for South African residents only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Bank |  | | | | | | | | | | | | | | | | | | | | | | | | | | Name of Account Holder | | | | | | | | |  | | | | | | | | |
| Branch Name |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Branch Code | | | | | |  | |  |  |  |  |  |
| Type of Account (tick) | Savings | | | | | | | | | Current | | | | | | | | | | | Transmission | | | | | | | | | | | Note: Credit card accounts may NOT be used. | | | | | | | | | | | | |
| Account Holder Relationship (tick) | | | | | | | Own | | | | | | | Joint | | | | | | | | | | 3rd party | | | | | | | |  | | | | | | | | | | | | |
| Account Number |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Tax reference number |  | |  | | |  | |  | | | |  | | |  | | |  | | | | |  | | |  | | |  | | | (A tax reference number starts with a 0, 1, 2 or 3) | | | | | | | | | | | | |
| If you are a resident in South Africa you must declare your tax reference number in order to be paid.  If you have worked before, please contact SARS (0800 00 72 77) for your tax reference number. If you don’t have a tax reference number, please complete this form in full with your permanent residential address. On receipt of this form UCT will make application for a tax number on your behalf. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

#### SECTION B: CITATION EDITOR DECLARATION (To be completed by the citation editor)

|  |  |  |  |
| --- | --- | --- | --- |
| I certify that all information I’ve completed on this form is true and correct. | | | |
| Signature of Editor |  | Date |  |

#### SECTION C: CANDIDATE/FACULTY DETAILS (To be completed by the DDB Office)

|  |  |  |  |
| --- | --- | --- | --- |
| Department/Faculty |  | Degree | PhD |
| Graduation Season |  | | |

#### SECTION D: CLAIM DETAILS (To be completed by the HR Office)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Citation Editor’s Fee | | | R 835.00 | |
| *For HR Office Use* | P Area Ext Organisation | P Subarea Ext Examiner | Fund 232057 | Cost Centre REG1018 |
| E Grp Ad Hoc | E Subgrp Fixed Amount |  | |

#### SECTION E: AUTHORITY FOR PAYMENT (To be completed by the DDB Office/ HR Office)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | PRINT NAME | | SIGNATURE | CONTACT NUMBER | DATE |
| DDB Office |  |  | |  |  |
| HR Administrator |  |  | |  |  |

FOR OFFICE USE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Registrar’s Office | Parked document with no reference number | |  | Date |  |
| User ID |  | Vendor Number |  | |

# COMPLETING A LOCAL CITATION EDITOR FORM

HR122b

## When do I complete this form?

Sections A and B of this form are completed by a citation editor, when claiming an honorarium for the editing of citations.

The following rates apply:

* R 835.00 for citation editors

## What documents should I submit with the form?

Kindly the following documents with the HR122b form where applicable:

* South African Identity Document/ Passport and valid work permit
* For external citation editors, confirmation of banking details should accompany the payment form.

## Where do I send this form?

## This form should be sent to Doctoral Degrees Board Office ([ddb@uct.ac.za](mailto:ddb@uct.ac.za)) who will send it to the to the HR Office for processing of the payment.

#### When do I submit this form?

#### The forms should reach the Doctoral Degrees Board Office by the 25th of each month for payment to be processed in the following month’s pay-run.

## What other forms do I need to complete?

No other forms.