



Office of the Vice President for Research & Research Authority

Ref: #24

שאלון אישי

Personal Details (Replaces Form 101)

A. Personal Information

I.D./Passport #	Last name	First name	Date of birth	Immigration date

Bank Account for Transfer of Salary

Name of Bank	Bank Number	Address	Branch Name	Branch Number	Account

B. Military Service, Health Fund & Association Number

I.D.F. Personal No.	Health Fund	Histadrut Member	Name of Histadrut
	1. Clalit 4. Meuhedet 2. Leumit 5. Asaf 3. Maccabi 6. Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. Address & Phone Numbers

City	Zip	Street Address	Area Code	Number

D. Marital Status

Male	Female	From Date	Note: Single, divorce/e with children:
1. Single 3. Divorced 2. Married 4. Widower	1. Single 3. Divorced 2. Married 4. Widow		<input type="checkbox"/> Not living with me <input type="checkbox"/> Living with me

E. Details of Spouse

I.D. #	Date of Birth	First Name	Spouse is employed
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note: Senior Citizen Grants from National Insurance Institute are exempt from Income Tax.

Pension from other workplace is taxable and spouse is considered working.

F. Children under 18 during Tax Year.

ID #	Date of Birth	Name	M/F	ID #	Date of Birth	Name	M/F

G. Other Income (Please check Yes or No. If you do not mark one, you will be considered as earning extra income.)

I Work Full Time / Part Time/ Part Unit and Receive:	
A. Other taxable income	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. National Insurance Senior Citizen Grant	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Pension payment from workplace	<input type="checkbox"/> Yes <input type="checkbox"/> No

H. Department

Department where you work	Department Building	Internal Phone

I. Declaration

I hereby affirm that the above information that I submitted above is complete and accurate, and I am obligated to notify my employers of any change within 7 days of the change.	
Date:	Signature: