

THE UNIVERSITY OF BRITISH COLUMBIA - PERSONAL DATA FORM -

IDENTIFICATION – Provide all information in this section														
EMPLOYEE ID	PREFIX	FIRST NAME			MIDDLE NAME (S)			LAST NAME					FFIX	
DEPARTMENT NAME					SOCIAL INSURANCE NUMBER UE			TUDENT #	ACULTY	STAFF STUDENT				
DEL AKTIVILINI IVANIL					SOCIAL INSURANCE NOMBER			IODENI "	- 17			0.002	<u>::</u> I	
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ADDRESS AND OTHER INFORMATION – New hires complete all boxes. Otherwise, provide missing or changed information only														
CURRENT HOME ADDRESS					CITY			PROV/STATE	POSTAL/2	STAL/ZIP COUNTRY				
PERMANENT HOME AD		CITY			PROV/STATE	POSTAL/2	OSTAL/ZIP COUNTRY							
WORK PHONE #	HOME PHONE	E # ALT PHONE #	TYPE	WORK EMAIL A	ADDRESS				GENDER		BIRTHDATE (YYYY-MM-DD)			
			Cell											
EMERGENCY CONTACT INFORMATION – New hires complete all boxes. Otherwise, provide missing or changed information only														
PRIMARY CONTACT NAME RELA					HIP (eg: spou	se) PHONE	# - Select -	→ Home		Alt PHONE #	- Select →	Home		
								Work				Work		
								Cell				Cell		
CURRENT HOME ADDRESS					CI	TV.		Other PROV/ST	POSTA	NI /7ID	COUNTRY	Other	Ш	
CURRENT HOME ADDRESS					CI	T		PROV/S1	PUSTA	AL/ZIP	COUNTR			
SECONDARY CONTACT NAME REL					HIP (eg: spou	se) PHONE	# - Select -	Home		ALT PHONE :	# - Select →	Home		
								Work				Work		
								Cell				Cell		
CURRENT HOME ARRESS					Lou	T.V.		Other		NI /7ID	LOCUMED	Other	Ш	
CURRENT HOME ADDRESS					CITY			PROV/ST	PROV/ST POST/		COUNTRY			
SIGNATURES	SIGNATURES													
SIGNATURE							DAT	E (yyyy-mm-d	d)					

This information will be used to complete your hiring form.

^{*} Personal information provided on this form is collected pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c.165. The information will be used in the event of an emergency if UBC needs to make contact with your emergency contact(s). For further information, please contact payrollinfo@finance.ubc.ca or payrollinfo@ubc.ca.