



ZIMBABWE  
MISCELLANEOUS CHANGE FORM

The Paymaster  
Public Service Commission  
P.O. Box CY 507, Causeway  
Harare

(Complete details as required)

Surname

Name

National Identity Number

Employee Code No.

C/D

Section /Subsection

PRESENT LOCATION

Dept. Code Stn Code

Ministry/ Department (in words)

Please amend the record of the above as notified below

NEW LOCATION

Change of Ministry/ Department/ Station Type of Transfer (Tick)

Normal/ Penalty

Ministry/ Department (in words).....

Code.....

Station (in words).....

Code.....

Allocation Code..... Assumed duty on.....

Recommending Member (Ministry)

Name in full.....

EC Number.....

Designation.....

Signature.....

Date.....

Ministry Date Stamp

Approving Member (Public Service Commission)

Name in full.....

E.C Number.....

Designation.....

Signature.....

Date.....

PSC Date Stamp