

Account holder name and surname																					
Bank Name											Bank Code										
Account number												Type of Account									
Please fill in day of month for debit order (deduction date)	1	or	15	or	20	or	25	or	31			Start date	Y	Y	Y	Y	M	M	D	D	
Beneficiary: NAPTOSA										Beneficiary Address: NAPTOSA House, 270 Princes Park Avenue, Pretoria, 0001											
<p>AUTHORITY: I/We hereby authorize you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commences after the above-mentioned commencement date; The individual payment instructions so authorised to be issued must be issued and delivered as follows: On the above-mentioned Deduction Date of each and every month commencing on the above-mentioned commencement date. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account; I /We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number is added to this form (NAPTOSA Admin Number) before the issuing of any payment instruction and communicated to me directly after having been completed by you. MANDATE: I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally. CANCELLATION: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. ASSIGNMENT: I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party. The abbreviated name that will reflect on the bank statement is NAPTOSA</p>																					
By signing this form, or inserting my digital signature, I confirm that the information provided is true and correct.															Print and sign the form OR click "here" to see how to create and insert your digital signature						
Member's signature											Date	Y	Y	Y							
For office use	N	A	P									Date Uploaded to Q LINK									

Funeral Cover:

- We have expanded cover to provide more comprehensive protection for both you and your family.
- Cover has increased to:

Principal Member	20 000
Spouse (Up to two)	20 000
Child 14 – 21 years	20 000
Child 6 -13 years	10 000
Child 1 -5 years	10 000
Child 0 – 11 months	5000
Stillborn	5000

Coverage extends up to and includes individuals up to the age of 70. Exclusively available to NAPTOSA members from 1st September 2023. There are no extra charges; coverage is included in the membership fee.