

# NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA) PERSAL MEMBERSHIP UPDATE FORM



PLEASE RETURN TO: NAPTOSA Gauteng

Email address : [info Gauteng@naptosa.org.za](mailto:info Gauteng@naptosa.org.za) Telephone number : 011 486-1256

Please complete the fields provided. NAPTOSA is POPI compliant and by submitting this membership update form you consent to NAPTOSA collecting and updating your personal information. Click [here](#) for our Privacy Notice or go to [www.naptosa.org.za](http://www.naptosa.org.za)

NAPTOSA Membership number (if available)	N	A	P							Title		Initials								
Surname																				
First names (in Full)																				
ID / Passport Number																		Date of birth		
Cell phone no																				
Country Of Birth								Country Of Residence												
Nationality								Source Of Funds												
Personal Email address																				
Home address														Code						
Name of School/College/Office											Persal no									
Branch / District											SACE no									
Physical Work address																				
Please tick applicable box	CS Educator (School)			CS Educator (Office)			Public Service Employee			CET/TVET			Non-Educator support staff							

Please specify your job title e.g., Teacher, Psychologist, Therapist, Nurse, General Assistant etc.

**NAPTOSA will always keep you updated with relevant, reliable information. Should you not require such information please unsubscribe.**

**Spouses' or Partner Details (Proof of relationship required)**

Name & Surname	Date Of Birth / ID Number	Relationship
1	Y Y M M D D	
2	Y Y M M D D	

**Children Under 21**

Name & Surname	Date Of Birth / ID Number	Relationship
1	Y Y M M D D	
2	Y Y M M D D	
3	Y Y M M D D	
4	Y Y M M D D	
5	Y Y M M D D	
6	Y Y M M D D	

**NAPTOSA FUNERAL SCHEME BENEFICIARY NOMINATION**

Please note that this form includes your Funeral Beneficiary nomination and by signing the form you declare that you understand that this beneficiary nomination cancels all previous nominations, if any, that you have made with respect to the NAPTOSA Funeral Scheme payable by Safrican.

I hereby nominate the following person as the beneficiary of my NAPTOSA Funeral benefit in the event of my death: **(NOTE: The Funeral Benefit will be paid into your estate if we do not have a valid Beneficiary Nomination form)**

<b>Main Beneficiary Details:</b>	First name		Title																
Surname																			
ID/ Passport number																			Date of birth
Relationship	Spouse / Life Partner		Child	Step-child	Parent	Brother/ Sister	Friend	Aunt/ Uncle	Niece/ Nephew										
Contact telephone no																			
Personal Email address																			

**In the event that the main beneficiary nominated above has passed away before the effective date of my death, they will be excluded from receiving the portion he/she was nominated to receive, and the following nominated beneficiary will receive any benefits payable:**

<b>Secondary Beneficiary Details:</b>	First name		Title																
Surname																			
ID/ Passport number																			Date of birth
Relationship	Spouse / Life Partner		Child	Step-child	Parent	Brother/ Sister	Friend	Aunt/ Uncle	Niece/ Ne phew										

Contact telephone no													
Personal Email address													
<b>If your circumstances change, for example you get married or divorced or have a child or a nominated beneficiary dies, and you want to change your beneficiary, you must complete a new nomination form.</b>													
<i>I confirm that my membership fees are paid to NAPTOSA by the Department of Education</i>													
<i>By signing this form, or inserting my digital signature, I confirm that the information provided is true and correct.</i>													
Member's signature													
	Date	Y	Y	Y	Y	M	M	D	D				
Print and sign the form or click "here" to see how to create and insert your digital signature. Unsigned and / or incomplete forms will not be accepted.													
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.