



**NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)**  
**NEW PERSAL MEMBERSHIP APPLICATION FORM**

PLEASE RETURN TO: NAPTOSA Limpopo      Email address: [infolimpopo@naptosa.org.za](mailto:infolimpopo@naptosa.org.za)  
 Telephone number: 015 295-7735

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)

Surname																		
First names (in Full)											Title		Initials					
ID / Passport Number											Date of birth		Y	Y	Y	Y	M	M
Cell phone no											T-shirt Size		S	M	L	XL	2XL	3XL
Country Of Birth											Country Of Residence							
Nationality											Source Of Funds							
Personal Email address																		
Home address																		
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.																		

**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	

Were you recruited by a NAPTOSA member?	Recruiter Membership no (if available)	NAP	OR Date of Birth (if available)	Y	Y	Y	Y	M	M	D	D
Recruiter Name & Surname											

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

**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 Saffrican.

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		Y	Y	Y	Y	M	M	D	D				
Relationship	Spouse / Life Partner			Child			Stepchild			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		Y	Y	Y	Y	M	M	D	D				
Relationship	Spouse / Life Partner			Child			Stepchild			Parent			Brother/ Sister			Friend			Aunt/ Uncle			Niece/ Nephew		
Contact telephone no																								
Personal Email address																								

