

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



**PLEASE RETURN TO: NAPTOSA Limpopo**  
**Email address: 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)

NAPTOSA Membership number (if available)										N	A	P							Title		Initials															
Surname																																				
First names (in Full)																																				
ID / Passport Number																				Date of birth	Y	Y	Y	Y	M	M	D	D								
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	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				

