NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

PERSAL MEMBERSHIP UPDATE FORM

PLEASE RETURN TO : **NAPTOSA (add province name based on selection)**

Email address : ***Based on selected province*** **Telephone number :** ***Based on selected province*** **Fax number :** ***Based on selected province***

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*

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																									
Personal Email address																									
Home address																									
																	Code								
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.

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 Momentum.

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)***

Main Beneficiary Details:	First name																	Title							
Surname																									
ID/ Passport number													Date of birth	Y	Y	Y	Y	M	M	D	D				
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:

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

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.

I confirm that my membership fees are paid to NAPTOSA by the Department of Education

By signing this form, or inserting my digital signature, I confirm that the information provided is true and correct.

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**									