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

NAPTOSA

PLEASE RETURN T Email address : Bas														on se	elect	ed pr	ovin	ce F	ax nı	ımb	er:	Base	d or	ıs	elect	ed	provi	ince
Please complete the field personal information. Cli									-			-	s me	mber	ship (update	form	you (conse	nt to	NAP	TOSA	colle	ecti	ing an	d up	odating	ı your
NAPTOSA Membership nu	umber	(if ava	ilable)				N	Α	Р		ſ						Title				Initi	als		J				
Surname																												
First names (in Full)																												
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Please tick applicable box		CS	Educat	tor (S	choo	1)	CS	Educ	ator (C	Office)			Publ	lic Ser	vice E	Employ	ee		CET	TVET			Non-	-Ed	ucator	sup	port st	aff
Please specify your job titl	e e.g.	Teach	er, Psy	cholo	gist, ⁻	Therapi	ist, Νι	ırse, C	Genera	l Assi	star	nt etc).															
NAPTOSA will always ke	ер уо	u upd	ated wi	th re	levar	ıt, relia	ble in	form	ation.	Shoul	ld y	you n	ot re	equire	suci	h infor	matio	n ple	ase ur	subs	crib	Э.				_		
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2								Υ	Υ	M	Ν	M	D	D														
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I hereby nominate the follonot have a valid Benefici					ticiar	y of my	NAP	IOSA	Funer	al ben	etit	t in th	ie ev	ent of	my d	leath: (I	NOTE	: The	Fune	ral Be	enefi	will b	e pai	d i	nto yo	ur e	estate	f we do
Main Beneficiary Details	: F	irst na	me																			Title						
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Personal Email address					1		1	1	1	1	_																	
In the event that the main nominated to receive, an															of my	y death	, the	/ will	be exc	lude	d fro	m rec	eiving	g tl	ne por	tion	he/sh	e was
Secondary Beneficiary D	etails	:	First n	ame																		Title						
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Relationship		Spot	use / Lif Partne			Child		Step	o-child			Pai	rent			other/ Sister		F	riend			Aunt/ Uncle			Niece, ph	/Ne new		



Contact telephone no																					
Personal Email address																					
If your circumstances chan complete a new nomination		xampl	e you	get ma	arried	or div	orced	or ha	ave a	child	or a nominated beneficia	ary dies, a	and yo	u wai	nt to d	chang	je you	r bene	eficiar	y, you	must
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											 D:	ate	Υ	Υ	Υ	Υ	M	M	D	D	
Print and sign the form or clic	"here"	to see	how to	create	and ir	nsert y	our di	gital s	signatu	ıre. Uı	nsigned and / or incomplete	te forms w	/ill not l	oe acc	cepted	d.					
For office use	N	Α	Р								Date Uploaded to G	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.