

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

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|--|----------------------|---|---|----------------------|--|--|-------------------------|--|--|----------|----------------------|-------|----------------------------|----------|--|------|--|--|--|---------------|---|---|---|---|---|---|---|---|
| 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)**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|-----------------------|--|--|-------|--|--|------------|--|--|--------|--|--|-----------------|-------|--|--------|--|--|-------------|---------------|---|---------------|---|---|---|---|---|---|
| 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/ Ne phew | | | | | | |

