NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

NEW PERSAL MEMBERSHIP APPLICATION 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*

Surname					
First names (in Full)		Title		Initials	
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.					

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 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/ 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 will be paid to NAPTOSA by the Department of Education as indicated below:

To: HEAD : Department of Education

I, the aforementioned, and undersigned, hereby authorise you to deduct monthly from my salary my subscription due to the National Professional Teachers' Organisation of South Africa (NAPTOSA) **R111.40 per month** or such subscription as is determined from time to time by NAPTOSA and pay it to NAPTOSA [PERSAL Table 139 Code 026]. I understand that any correspondence in connection with this stop order must be directed to NAPTOSA.

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

Applicant'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**								

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.

Underwritten by
Safrican Insurance Company Limited | Reg. No. 1935/007463/06 |
A licensed insurer conducting life insurance business and also an
authorised Financial Services Provider FSP No: 15123

safrican
Live the Legacy