NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

PERSAL MEMBERSHIP UPDATE FORM - 2026

PLEASE RETURN TO : **NAPTOSA KZN**

Email address : peggyh@naptosa.org.za Telephone number : (031) 563 1966 Fax number : (031) 563 1611

*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	
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/Nephew ☐

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

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**								

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.