NATIONAL PROFESSIONAL TEACHERS' ORGANISATION OF SOUTH AFRICA (NAPTOSA)

NEW NON-PERSAL, SGB, INDEPENDENT SCHOOLS & COUNCIL MEMBERSHIP APPLICATION - 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*

Surname		Title	
First names (in Full)		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		SACE no	
Physical Work address		Persal No (If previously State-employed)	

Branch / District		Please tick applicable box	CS Educator (School)		CS Educator (Office)		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 or exit group.

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?		*If yes, please complete the rest*	Recruiter Membership no (if available)	NAP		OR Date of Birth (if available)	Y Y Y Y M M D D
Recruiter Name & Surname							

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.

Authority for Debit Order Mandate

Account holder name and surname			
Bank Name		Bank Code	
Account number		Type of Account	
Please fill in day of month for debit order (deduction date)	1 or 15 or 20 or 25 or 31	Commencement date	Y Y Y Y M M D D

Beneficiary: NAPTOSA — Beneficiary Address: NAPTOSA House, 270 Princes Park Avenue, Pretoria, 0001

AUTHORITY: I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commences after the above- mentioned commencement date; The individual payment instructions so authorised to be issued must be issued and delivered as follows: On the above-mentioned Deduction Date of each and every month commencing on the above-mentioned commencement date. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account; I /We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number is added to this form (NAPTOSA Admin Number) before the issuing of any payment instruction and communicated to me directly after having been completed by you. **MANDATE:** I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally.
CANCELLATION: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. **ASSIGNMENT**: I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party. The abbreviated name that will reflect on the bank statement is NAPTOSA

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

Applicant's signature			Print and sign the form OR click "here" to see how to create and insert your digital signature
		Date Y Y Y Y M M D D	

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.