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DURBAN HEAD OFFICE
 22 Davenport Avenue
 Glenwood, 4001
 P.O.Box 1100
 Durban, 4000
 Tel: 031 304 7563
 Fax: 031 307 3306
 info@npswu.org
 www.npswu.org

JOHANNESBURG
 No.1, Second Avenue
 Alberton 1450
 P.O.Box 6672
 Johannesburg, 2000
 Tel: 011 333 7981
 Fax: 011 333 7980
 jhb@npswu.org
 www.npswu.org

LIMPOPO
 Office No. 309-3rd Flr
 Dada House, 19A Grobler Str
 Polokwane, 0699
 Tel: 015 291 1276
 Fax: 015 291 1514
 086 585 7858
 limpopo@npswu.org
 www.npswu.org

WESTERN CAPE
 Suite No. GE, Building No. 17
 Waverley Business Park
 Wycroft Road, Mowbray
 Observatory, Cape Town, 7700
 Tel: 021 447 2870
 Fax: 086 535 7858
 westerncape@npswu.org
 www.npswu.org

WELFARE BENEFIT FORM

1. PRINCIPAL MEMBER DETAILS

First Name(s)				Surname									
ID Number				Date Joined									
Y	Y	Y	Y	M	M	D	D						
Gender	M	F	Marital Status	SINGLE	Y	MARRIED	Y	DEVORCED	Y	WIDOWED	Y	PARTNERSHIP	Y
Employer				Employee Number									
Cellphone Number				Telephone Number									
Email Address													

2. BENEFICIARY/SPOUSE DETAILS

Name & Surname	Date of Birth / ID Number	Relationship

3. CHILDREN UNDER 21 YEARS DETAILS

Name & Surname	Date of Birth / ID Number	Relationship

VOLUNTARY BENEFIT

4. Voluntary (Applicable in the event of the death of a Principal Member)

Name & Surname	Date of Birth / ID Number	Relationship

EXTENDED FAMILY BENEFIT

5. Extended Family Mmember

Name & Surname	Option	Date of Birth/ID Number	Relationship
	A B C		
	A B C		
	A B C		
	A B C		

I the undersigned do hereby authorise my Employer to deduct R..... to NPSWU to cover my subscription.

DECLARATION

I declare to the best of my knowledge and belief that the particulars given above are true and correct.

MEMBER'S SIGNATURE	
DATE	Y Y Y Y N M D D