

UGANDA INSTITUTION OF PROFESSIONAL ENGINEERS (UIPE)

PAYMENT PLAN AGREEMENT FORM

MEMBER INFORMATION

First name: Last name:

Membership no:

Address:

Email:

Phone number:

PLAN DETAILS

Total due (inclusive of subscription 2023):

Weekly / bi-weekly / monthly (*tick where applicable*)

First payment date:

Last payment date:

No. of payments: Frequency: Amount (Ugx.):

TERMS AND CONDITIONS

I hereby agree that I shall pay **UIPE** the agreed upon amount on the said date and shall finish at the end period as stated above to fully settle all my annual subscription arrears.

Member

Name:

Date:

Signature:

Revenue Collection Officer.

Name:

Date:

Signature:

Finance and Administration Manager.

Name:

Date:

Signature: