



UGANDA INSTITUTION OF PROFESSIONAL ENGINEERS (UIPE)

SUBSCRIPTION PAYMENT EXEMPTION REQUEST FORM



TO:

HONORARY SECRETARY

UIPE

MEMBER INFORMATION

First name: Last name:

Membership Class:

Membership no:

Address:

Email:

Phone number:

Date of Birth:

Age:

Proof of Age attached: Please tick where applicable

National ID

Driver's Licence

Passport

Subscription Payment Status:

Paid up: Please tick where applicable

YES

NO

If NO; kindly clear/pay the outstanding and attach proof of payment to this request form.

Member

Name:

Date:

Signature: