

U.A.E. Pension Fund Members Agreement (also for new members)
Please send this document together with scanned Identification (identity card/driver licence/birth certificate) via Email to:
documents@uae-pension-fund.com

Personal data *SPONSOR (username):* _____

Username: _____

First Name: _____

Middle Name: _____

Surname: _____

Date of birth: _____
(MM/DD/YYYY)

Gender: _____

Address: _____

City: _____

ZIP/Postal Code: _____

Country: _____

Phone: _____

Email: _____

Bank account *(Leave blank for OFFSHORE-BANKING-CARD)*

Bank name: _____

Bank office address: _____

Account number: _____

SWIFT Code: _____

Account holders name: _____

Signature

Date: _____ Location: _____

Signature: _____

(In case the member is under legal age, the signature of the legal guardian.)
By completing and signing this agreement the member agrees to sell back the U.A.E. Pension Fund insurance policy for a fixed price like mentioned in the member area depending on the member's age. The member has none financial or other responsibilities concerning U.A.E. Pension Fund.