



# **GENAFRICA** **INDIVIDUAL**

**PENSION PLAN**

## **APPLICATION FORM**

## PERSONAL DETAILS

First Name:		Surname:		Middle Name:	
Date of Birth:		Gender:		National ID Number:	
Cell Phone Number(s):			Email Address:		
Private Address:			Marital Status:		

## CONTRIBUTION DETAILS

Contribution Amount					Contribution Date			
Contribution Frequency	Daily		Monthly		Quarterly		Other (Specify)	

## BENEFICIARY DETAILS

You must complete the table below nominating a person(s) to whom benefits should be paid in the event of death.

Name	Relationship	Date of Birth	Share %	Contact	Address

## EMAIL INDEMNITY

I hereby authorise the scheme/service providers to communicate with me through the above email address. I am aware that email is not a secure or error-free medium of communication and I am aware of the possible risks involved in connection with the transmission of information via email. I accept and acknowledge that the scheme does not accept liability for any errors or omissions in the content of the email messages and its attachments. I undertake to keep you indemnified at all times against, and to save you harmless from all actions, proceedings, claims, loss, damage, costs and expenses including consequential losses / damages which may be brought against you and which shall have arisen either directly or indirectly out of or in connection with your sending the details mentioned above to us through email.

## MEMBER CONFIRMATION

I declare that the above information is true and correct to the best of my knowledge and agree that by this application form to be bound by the scheme Trust Deed & rules and the application shall form the basis of the contract between me and the scheme.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Please Note:

- (a) Your benefits/savings will be locked in the scheme for one (1) years and can only be accessed partially or fully thereafter
- (b) Kindly attach a copy of your National Identification Document (National ID)
- (c) Please attach the first deposit payment receipt (Proof of Payment)
- (d) Upon signing this form, please send it with its attachments to [uganda@genafrika.com](mailto:uganda@genafrika.com)

## BANK DETAILS

Account Name	GenAfrica Individual Retirement Benefits Scheme
Account Number	04269780000 (Bank of Africa)



*Melinda Gerson*

 +256 414 252 343 | +256 412 252 350

 [uganda@genafrika.com](mailto:uganda@genafrika.com)

 [www.genafrika.com](http://www.genafrika.com)

 P.o Box 75200, Kampala,

 6th Floor, Aha Towers,  
Plot 7, Lourdel Road, Uganda