



APPLICATION FOR MEMBERSHIP

Name:

Surname:Date of Birth:

Emirates Staff Number:FC Mailbox No:.....

Residential Address:

Email address:Nationality:.....

Telephone Number: Mobile Number:

Referred by: Name:Staff Number:

Has your flying license ever been revoked or suspended for medical reasons? YES / NO (if YES, provide brief details)

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Proposal of Beneficiary

I hereby indicate, for the guidance of the LIPS committee that my nominated beneficiary to whom you should consider giving monetary assistance in the event of my death is:

Name:..... Nature of dependency (Spouse, Child, etc)

Address:

Include further beneficiaries overleaf

1. I hereby apply for full LIPS membership. I certify that all the information provided is correct and undertake that I understand and will abide by the Rules of the Emirates Pilots Loss of Income Protection Scheme (LIPS).

2. LIPS membership fees. Choose one:

I authorize my LIPS membership fee to be deducted via Emirates Pilots Club (EPC) from my monthly Emirates salary*.

I enclose a cheque of AED 3600 payable to **LIPS LIMITED** to cover my annual LIPS membership.

Signature:.....Date:

Name:.....

* Neither Emirates Pilots Club (EPC) nor any officer of EPC has any connection with or responsibility for LIPS (Loss of Income Protection Scheme).
The EPC facilitates salary deductions for LIPS and accepts no liability for errors, emissions, or disputes.