Schedule J

Form F

[See regulation10 (2]

**Form of application for**

**the issuance / Renewal of a Certificate of Practice**

To

The Executive Director

The Institute of Actuaries of India

Dear Sir,

1. I am enclosing a cheque/draft No ……………dated…………..for Rs Rs. 17,700/- (Rs. 15,000 + Rs. 2700 (GST)) towards the fees for the year………….as per details given below:-
2. I confirm that I have fulfilled all the qualification as specified by the Council in section 10 of the “Institute of Actuaries of India (Entry of names in Register of Members, Examination and Training Fee Payable, Manner of Choosing Honorary Members, admission of Affiliate Members, Student Members and Issuance of Certificate of Practice) Regulations, 2017.
3. I request that the Certificate of Practice may be issued at an early date.

Place:

Date:

Yours faithfully

Name and Signature

Membership Number

**Application Form – Certificate of Practice**

**Note**

* This form should be sent and addressed to the Executive Director. All pages must necessarily be initialed by the Applicant.
* Please attach separate sheet/s duly signed if designated space is not sufficient.
* Applicants are expected to have read and familiarized with the relevant acts, regulations, Actuarial Practice Standards, Guidance Notes and Accounting Standards in the respective area.
* If the application on scrutiny is found to be Incomplete/defective in nature, the Committee may allow applicant to complete/rectify the defect. In case, applicant fails to submit the complete form or rectify the defect within stipulated time the application form shall stand rejected.
1. Membership Number :
2. Full Name :
3. Areas of Practice opted (Select one or more areas)
	1. Life Insurance
	2. General Insurance
	3. Health Insurance
	4. Pension and other employee benefits
	5. Finance, Investments and management

1. Application made in the capacity of (Any one of the following)



Name of the Company :

Address of the Company :

Name of the Firm :

Address of the Firm :

Registration Number :

1. Actuarial Work Record

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| --- | --- | --- | --- | --- |
| **Period** | **Name of Company / Firm** | **Place** | **Position Held** | **Work / Responsibilities** |
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1. Details of any disciplinary proceedings (including those pending as of now) and/or disciplinary action taken against you by IAI or any other professional body in India or elsewhere:
2. Have you been at any time dismissed from any office or employment or refused entry to any profession or occupation, actuarial or other? If so give details:
3. Have you at any time been convicted of any offence (other than minor violation of any road traffic Acts and Rules) by any court in India or elsewhere? If so give details:
4. Have you at any time been adjudged bankrupt or insolvent by a court in India or elsewhere? Have you at any time failed to satisfy any debt adjudged to be due and payable by you under order of any court in India or elsewhere? If so give details:
5. Have you been associated with any insurance company, pension fund, gratuity fund or any other body corporate which was wound up or involved in compromise arrangements with creditors, or ceased transacting business or found guilty of any fraud or misconduct, under order by any court in India or elsewhere? If so give details:
6. Provide details of CPD credits demonstrating compliance with APS 9 as amended by the Council from time to time.

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| --- | --- | --- | --- | --- | --- |
| Sr. No | Particulars | Date/s | Technical | Professional | Practice Area of CPD |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Declaration**

I confirm that I have fulfilled all the qualification as specified by the Council in section 11 of the “Institute of Actuaries of India (Entry of names in Register of Members, Examination and Training Fee Payable, Manner of Choosing Honorary Members, admission of Affiliate Members, Student Members and Issuance of Certificate of Practice) Regulations, 2017.

I hereby declare and certify that the statements and information given above are complete and correct to the best of my knowledge and belief. I have not concealed any material particulars or omitted to state the same herein above. In case any of these statements is/are found to be incorrect, I understand that I shall be liable to penalties under Professional Conduct Standards laid down by the Institute of Actuaries of India.

I declare and state that currently I am a Fellow Member of the Institute of Actuaries of India and that I am continuing member of the Actuarial body based on which Fellowship I was admitted as Fellow member of the Institute of Actuaries of India. I further understand that the Certificate of Practice for which this application is being made, if issued, shall automatically stand cancelled in case I cease to be a fellow member of the Institute of Actuaries of India or the other Actuarial body, as the case may be.

I have read and understood the Criteria for applying for Certificate of Practice (CoP), before making this application.

I declare and confirm that I have read and expect to meet the requirements of Professional Conduct Standards (PCS), Guidance Notes (GN) and Actuarial Practice Standards (APS). I further declare that I have read the relevant Acts, Regulations and Accounting Standards in respective areas where I am applying.

I confirm that I shall keep the Institute informed immediately if there is any change in my status.

Signature and Name of Member :

Membership Number :

**Place :**

**Date :**