

Submit completed forms to:

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 www.actuarialsociety.org.za

Actuarial Society of South Africa
 c/o Old Mutual Office 2
 2nd Floor West End Mall
 Jan Smuts Drive, Pinelands
 7405



Member Application Transfer from other Actuarial Organizations

Personal Details (Please PRINT in BLOCK CAPITALS using black ink)									
Full Name									
Identity Number			Foreign Passport Number						
Date of Birth			Citizenship						
Race	Black		Coloured		Indian		Oriental		White
Please indicate which other actuarial organizations you belong to, and provide the membership number(s), if applicable:									

Application

I hereby apply for transfer from membership as (tick where applicable):									
Student		Associate		Affiliate		Fellow			
to membership in South Africa as:									
Student		Associate		Affiliate		Fellow			

Requirements

Date of completing examinations		Date of obtaining designation	
Date of completing professionalism course		Date of submitting work based skills	
Date of completing practise module			

Qualifications / Degrees obtained

Qualification		Institution		Year	
Qualification		Institution		Year	
Qualification		Institution		Year	

Employer Details:

Employer:			
Sector	Life / Pensions / Investments / Short-Term Ins / Health / Banking / Currently Unemployed		
Business Tel	Mobile		
Fax	Email		
Business Address	Postal Address		
Postal Code	Postal Code		

Declaration:

By signing this declaration, I confirm and agree that, to the extent allowed by law:

- I am familiar with the constitution, bye-laws, guidance on professional conduct and the privacy policy issued by the Actuarial Society (all these documents can be obtained from the Actuarial Society), and understand that I am obliged to remain familiar with these documents;
- by submitting this application, I am bound by the disciplinary procedure and guidance on professional conduct issued by the Actuarial Society from time to time;
- I hereby authorize the Actuarial Society to obtain information on my disciplinary record from the organisation referred to above.
- no disciplinary investigations are pending against me and if there are, I have provided sufficient details thereof in a document attached to this application;
- I expressly accept the privacy provisions included in the privacy policy of the Actuarial Society and the terms of the privacy policy are expressly incorporated herein by reference; and
- I expressly consent to allow the Actuarial Society to collect, receive, record, organize, collate, store, update, modify, retrieve, alter, consult, sue, disseminate, disclose and process personal information as provided for in the privacy policy.

This declaration constitutes acknowledgments of fact by the Applicant. The Applicant must read the declaration carefully and ensure that each statement is true and correct as this will limit the rights of the Applicant to claim that these statements are not true and correct. The Actuarial Society may also have claims and other rights against the Applicant if any statement is not true and correct.

Signature of Applicant:		Date:	
Record Updated - Date		Staff	