



**APPLICATION FOR ADMISSION: FELLOWSHIP MEMBERSHIP WITH THE ACTUARIAL SOCIETY OF SOUTH AFRICA THROUGH MUTUAL RECOGNITION AGREEMENTS WITH OTHER ORGANISATIONS**

**The Professional Admissions Committee, on behalf of Council, will at its discretion normally admit as a FELLOW member, an applicant who has met the requirements as set out in the Mutual Recognition Agreement document with the relevant Member Organisation. Acceptance is also subject to ASSA specific education requirements as well proven satisfactory conduct.**

**Please PRINT all details clearly (or CIRCLE the correct option where applicable) in BLACK ink**

Member Application Transfer of Membership to the Actuarial Society of South Africa (ASSA)									
<b>Personal Details</b> (Please PRINT in BLOCK CAPITALS using black ink)									
Title (Circle)			Mr / Miss / Ms / Mrs / Dr			ASSA Member Number			
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 if applicable, and provide membership details:									
<b>Organisation name</b>			<b>Membership Type (e.g. Fellow)</b>			<b>Membership / Reference number</b>			

Application Details				
I hereby apply for transfer <b>from membership</b> as (tick where applicable):				
Student		Associate		Fellow
<b>to membership</b> with the Actuarial Society of South Africa (ASSA) as:				
Associate		Fellow		Affiliate

Qualifications / Degrees obtained				
Qualification		Institution		Year
Qualification		Institution		Year
Qualification		Institution		Year

Employer Details:		Employer name:	
Practice Area	Life / Pensions / Investments / Short-Term Ins / Health / Banking / Other: ..... OR Currently Unemployed		
Office Tel		Mobile	
Email		Courier Address	

**Check lists for requirements for admission and submission of supporting documents**

(Tick where necessary)

Additional documents for Fellows transferring from other organisations:	
Proof of at least 1 year post Fellowship work experience in South Africa (letter from employer will suffice)	
Certified copy of your academic record from the respective organisation	
Certified copy of Fellowship qualification from the respective organisation	
Confirmation of membership and good standing from the respective organisation	
Successful Completion of the ASSA Generic Practice Module Exam (F210)	
Completion of Fellowship Professionalism Course with ASSA or the respective organisation	
The signed referral form completed by 2 Fellow members of the Actuarial Society of South Africa (form enclosed)	

**Please note the following when submitting supporting documents:**

- All certified documents cannot be older than 6 months from the date of submission to ASSA
- Documents may be scanned and emailed **IN COLOUR**

Please send all documents to the Member Services Section of ASSA:

Email: [gjacobs@actuarialsociety.org.za](mailto:gjacobs@actuarialsociety.org.za)

Courier Address:

Actuarial Society of South Africa

C/o Old Mutual Office 2

2nd Floor West End Mall

Jan Smuts Drive

Pinelands

7405

Tel: +27 21 509 8210

**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 Application 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:

**For Office use only:**

Record Updated	System:	Finance:
Staff member name & signature		

**Referee recommendation for FELLOW membership with the Actuarial Society of South Africa**

For office use only: ASSA Reference number	
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Please ensure that the referees you have selected completes the necessary details before submitting this form to ASSA

<b>Applicant Details (Please PRINT in BLOCK CAPITALS using black ink)</b>	
First Names (in full)	
Surname	

<b>Recommendation and declaration by two Referees (all applicants must submit 2 referees):</b>		
Referee Details	1) To be completed by a Fellow member of the Actuarial Society	2) To be completed by a Fellow member of the Actuarial Society
Full name of Referee		
ASSA Member number		
Relationship to Applicant		
Email Address		
<b>Declaration by Referee:</b> <i>By signing this declaration, I confirm that, to the extent allowed by law, I have known the applicant for at least one year and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a Fellow member of the Actuarial Society of South Africa.</i>		

Initial and Surname of Referee		
Signature of Referee		
Date		

This form must be submitted along with all the necessary documents in support of your Fellow membership application to ASSA. Any queries can be directed to the ASSA Member Services department:

Email: [ajacobs@actuarialsociety.org.za](mailto:ajacobs@actuarialsociety.org.za)

Tel: 021 509 8210