

APPLICATION FOR EXEMPTION FROM EXAMINATIONS OF THE ACTUARIAL SOCIETY

Date:

Please ensure that you have read the most recent exemptions documentation on the Society's website before completing this form.

In particular please note that this application form can only be submitted once you are a member of the Actuarial Society of South Africa, and have been issued a membership number.

Please PRINT all details clearly in BLACK ink.

PERSONAL DETAILS	
Title (CIRCLE)	MR / MISS / MS / MRS / DR Other (Please Specify) _____
First Names (in full)	_____
Surname	_____
Actuarial Society of South Africa Membership Number	_____

Indicate (by placing an **X** in the relevant block) which exemptions are being applied for, and whether the application is based on performance in an equivalent university course or on passing the examination of the actuarial profession.

A full list of the subject names, and equivalent Faculty & Institute s, can be found on the Society's website.

RSA SUBJECT CODES	UNIV EXAM	PROF. EXAM	YEAR
A101: Probability and Statistics			
A102: Economics			
A103: Accounting			
A201: Financial Mathematics			
A202: Models			
A203: Contingencies			
A204: Statistical Methods			
A205: Financial Economics			
A301: Actuarial Asset and Liability Management			
A302: Written Communication			
A401: The Business awareness module			
A402: Model Documentation, Analysis and Reporting			

F101: Health and Care			
F102: Life Insurance			
F103: General Insurance			
F104: Pension and Other Benefits			
F105: Finance and Investments			

Name of University from which Exemption Recommendation was received: _____

Name of Professional Body through which examinations were passed: _____

DECLARATION BY APPLICANT:

I hereby certify that all information provided in this application is true and complete and confirm that payment will be made within 30 days of receipt of the invoice for all exemptions stipulated in this application.

Signature: _____

Date: _____

Documents to be attached:

If you have recently submitted some of the required documentation to the Actuarial Society in support of your Membership Application please specify which items these are by placing an X in the appropriate spaces provided below:

Supporting Documentation	Submitted Now	Submitted Previously
Certified copy of University Degree Certificate		
Original Official University Academic Record(s) (i.e. not simply a printout from a website)		
Certified copy of Exemption Recommendations from accredited university		
Official certification of subjects passed through another actuarial association (where applicant wishes to apply for exemptions based on such passes		

Completion and return of Applications for Exemptions:

Refer all exemption enquiries to: memberservices@actuarialsociety.org.za

For office use ONLY:

Checked against supporting documentation and processed to SWIMS:

Date: _____ Name: _____

Invoiced by Finance Date: _____

Name of 1st Grader _____ Signature: _____ Date: _____

Name of 2nd Grader _____ Signature: _____ Date: _____

Date Bulk Processed: _____ Signature: _____