

APPLICATION FOR RENEWAL OF LIFE PRACTISING CERTIFICATE

Member's details

Name:

Date admitted as a Fellow of the Actuarial Society:

Date admitted as a Fellow of the Institute or Faculty of Actuaries (or Other):

If "Other", please specify:

Please indicate the category of Practising Certificate for which this certificate is required:

Generic Life Practising Certificate – no qualification	
Generic Life Practising Certificate – qualification	
South African Life Practising Certificate – no qualification	
South African Life Practising Certificate – qualification	

Previous approval

Date of previous Life Practising Certificate:

Work experience

I have signed off the statutory returns submitted to the Prudential Authority (in the case of a South African PC) or other regulator (in the case of a generic PC) for at least one registered insurer for at least two years during the previous approved period.	Yes	No
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If "No", **or** if wishing to apply for a practising certificate for additional type(s) of business (i.e. to lift some, or all 'qualifications' from the applicant's current practising certificate), then please:

Describe your work experience including the nature of your actuarial experience since the date of issue of your last practising certificate, detailing the types of business (please refer to the Practising Certificate cover note for examples):

Period (from – to)	Company	Title / designation	Field of activity	Nature of experience incl type of business

CPD requirements

I have complied with the minimum CPD requirements each year since the issue of my previous practising certificate, in particular:

I have met the Annual CPD requirements which include: 15 Hours in Total along with 10 Hours in Life Assurance and 2 hours Professionalism	Yes	No
I have recorded at least 50 hours per annum Development Hours	Yes	No
In my opinion, my CPD is relevant to the role of the HAF or Statutory Actuary	Yes	No

Appropriate person questionnaire

Have you been found guilty of unprofessional conduct in terms of the disciplinary procedures of the Institute / Faculty of Actuaries, the Actuarial Society of South Africa or any other IAA member organisation?	Yes	No
Have you been convicted of any serious offence by any court? (Excludes any offence committed when you were under 18 years, unless committed within the last 10 years, any road traffic offence in respect of which a fine was levied; or any political offence for which amnesty has been granted.)	Yes	No
Have you or any insurer with which you have been associated as an actuary been subject to legal or ombudsman proceedings where your involvement has been questioned?	Yes	No
Have you been removed by any financial services regulator as not being fit and proper to act in another approved statutory role?	Yes	No
Has any regulatory authority raised any professional or actuarial conduct issues with you?	Yes	No

Please supply further details where indicated "Yes" above.

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Certification

I certify that:

- In my opinion, I have the necessary knowledge, skills and experience to carry out the professional duties required of a Head of the Actuarial Function (or equivalent for Generic Practising Certificate's).
- I have read and understand the Code of Professional Conduct.
- I have read and understand the Actuarial Society of South Africa advisory practice notes and standards of actuarial practice relating to life assurance.
- I am fully aware of the obligations and duties of a Head of Actuarial Function (or equivalent).
- I am employed by a Registered Service Provider (RSP), or am registered as an RSP myself.
(<http://www.actuarialsociety.org.za/About-us/Employer-Relationships-678.aspx>)
- I have sufficient time and resources to act in the reserved roles for which the PC will be used.

For Generic PCs

- I have read and understand local legislation in the territories in which I intend to practise.

For South African PCs

- I have read and understand the applicable regulatory requirements such as the Insurance Act, other relevant acts, regulations and directives.

Annexures

I attach the following annexures:

Annexure A – CPD Records for the last three years (including both verifiable and developmental hours or statements regarding compliance with Outcomes Based CPD in accordance with requirements).

For hours-based CPD, the applicant should also include a comment explaining the relevance of the CPD experience and what he/she has done to maintain and develop relevant skills for the role of the Head of the Actuarial Function (or equivalent for Generic Practising Certificate's).

If applicable:

Annexure B – letter(s) of support from a Head of Actuarial Function or equivalent with whom I have worked closely, where:

- the actuary is applying for a practising certificate for additional type(s) of business; or
- the actuary wishes to demonstrate continued experience of working at the level of a statutory actuary other than by:
 - signing off two sets of statutory returns submitted to the Prudential Authority for at least one registered South African insurer during the previous approved period; or
 - providing other evidence for the Life Assurance Committee to consider.

Note that, In some cases, Practising Certificate holders may have continued in their role of supporting the Head of Actuarial Function or equivalent (on which reliance was placed in the original first-time application) and may therefore not have had an opportunity to sign off statutory returns. If this is true for at least three of the four preceding years, no further evidence is typically required other than a statement to this effect by the applicant. The Life Assurance Committee may request further information if it is deemed necessary.

Annexure C – other relevant documents and letter(s) of motivation where the actuary wishes to demonstrate continued experience of working at the level of a Head of Actuarial Function or equivalent other than by:

- signing off two sets of statutory returns submitted to the Prudential Authority for at least one registered South African insurer during the previous approved period; or
- a letter of support from another statutory actuary with whom the applicant has worked closely.

Signature

Signature of applicant, confirming that the above information is accurate:

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Name:

Qualifications:

Date: