



ACTUARIAL SOCIETY OF SOUTH AFRICA

FIRST TIME APPLICATION FOR MICROINSURANCE PRACTISING CERTIFICATE

Member's details

Name:

Designation (FASSA, AMASSA, Other. If other, then specify):

If you are not yet a Fellow, which of the F100 series exams have you passed?.....

Date admitted as a Fellow/Associate of the Actuarial Society:

Date admitted as a Fellow/Associate 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 Microinsurance Practising Certificate	
South African Microinsurance Practising Certificate	
Do you currently have a Life or Non-Life or Health Practising Certificate?	

Work experience

Describe how your work experience is relevant to microinsurance (for those *with* a Life or Non-Life or Health practising certificate).

Describe your work experience including the nature of your actuarial microinsurance experience, mentioning the types of business (for those *without* a life or non-life or health PC):

	FASSA only	AMASSA only
How much total relevant (to microinsurance) work experience do you have?	<input type="checkbox"/> ≥ 5 years <input type="checkbox"/> < 5 years	<input type="checkbox"/> ≥ 5 years <input type="checkbox"/> < 5 years
How many of these years were post-qualification as a FASSA/AMASSA (or equivalent from another actuarial body) working with a Head of Actuarial Function for Life Insurance, Non-Life, Health Insurance or Microinsurance?	<input type="checkbox"/> ≥ 1 years <input type="checkbox"/> < 1 years	<input type="checkbox"/> ≥ 3 years <input type="checkbox"/> < 3 years
Do you have at least one year of relevant working experience (obtained in the last three years) in the Republic of South Africa in the case of a South African PC?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Period (from – to)	Company	Title / designation	Field of activity	Nature of relevant experience

Work with an existing microinsurance, life, or non-life or health insurance practising certificate holder (only for those *without* an existing life or non-life or health practising certificate):

Have you worked closely with any heads of actuarial function or statutory actuaries?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes" – please provide the name(s) of the actuary(ies) and dates applicable. <i>Please attach as Annexure C letters from the relevant actuary or actuaries where they confirm the nature of your experience and whether they support your application.</i>	Name	Date	

CPD requirements

I have met the CPD requirements as per the Microinsurance Practice Certificate requirements document.

Member of good standing 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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.)	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been removed by any financial services regulator as not being fit and proper to act in another approved statutory role?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any regulatory authority raised any professional or actuarial conduct issues with you?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 Microinsurance Head of Actuarial Function (or equivalent for Generic Practising Certificate's).
- I have read and understand the Code of Professional Conduct (2012).
- I have read and understand the Actuarial Society of South Africa advisory practice notes and standards of actuarial practice relating to Microinsurance
 - I am fully aware of the obligations and duties of a Microinsurance Head of Actuarial Function (or equivalent).
- I am employed by a Registered Service Provider (RSP), or am registered as an RSP myself.
- 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 they 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 attached the following annexures:

Annexure A – CPD Records for the last 3 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 Actuarial Function (or equivalent for Generic Practising Certificate's).

Annexure B – letter(s) of support from Head of Actuarial Function (or equivalent) with whom I have worked closely (only for those without existing life or non-life or health PC)

Annexure C – response to questions in Appendix A of the Microinsurance Practising Certificate Requirements (only for those without existing life or non-life or health PC)

Annexure D – response to questions in Appendix B of the Microinsurance Practising Certificate Requirements (only for those without existing life or non-life or health PC)

Annexure E – existing practicing certificate (only for those with existing life or non-life or health PC)

Signature

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

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Name:

Qualifications:

Date: