

ACTUARIAL SOCIETY OF SOUTH AFRICA

FIRST TIME APPLICATION FOR MICROINSURANCE PRACTISING CERTIFICATE

Name:	
Designation (FASSA, AMASSA or Other. If Other please specify):	
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	<input type="checkbox"/>
• South African Microinsurance Practising Certificate	<input type="checkbox"/>
Do you currently have a Life or Short-term Practising Certificate?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Work experience

For Life/Short-term Practising Certificate holders please complete parts A and C only.

A. Briefly describe your relevant Microinsurance experience:

--

B. Describe your work experience including the nature of your actuarial experience.

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

C.

Do you have at least five years' of total work experience?	Yes	No
How many of these 5 years were post-qualification as a Fellow/Associate member of a professional actuarial body?		
Do you have at least one year of experience doing relevant Microinsurance related work?	Yes	No
Was this experience within the last five years?	Yes	No
Have you worked closely with any statutory actuaries?	Yes	No
If "yes" – please provide the name(s) of the actuary(ies):		
Do you have at least one year's relevant work experience (obtained in the last three years) in the Republic of South Africa?	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 company 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.

.....

.....

.....

CPD requirements

I have complied with the following minimum CPD requirements each year for at least the last three years:

- 15 hours of verifiable CPD
- 5 hours of verifiable Microinsurance related CPD
- 2 hours of verifiable CPD specifically related to professionalism matters.

If you are currently on the Outcomes-based CPD please contact us on govindasamyperu@gmail.com as we are still developing the criteria for this.

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.
- 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.
- I am employed by a Registered Service Provider (RSP), or am registered as an RSP myself. (<http://www.actuarialsociety.org.za/Professionalresources/Professionalmatters/Employerrelations.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, Prudential Standard GOM (Governance and Operational Standard for Microinsurers), Prudential Standard FSM (Financial Soundness of Microinsurers) and other relevant acts/regulations.

Annexures

I attached the following annexures:

Annexure A – CPD Records for the last 3 years

Annexure B – letter(s) of support from statutory actuary (actuaries) with whom I have worked closely

Annexure C – Latest Life/Short-term Practising Certificate (if applicable)

For Life/Short-term Practising Certificate holders only Annexure C is required.

Signature

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

.....

Name:

Qualifications:

Date: