



**ACTUARIAL SOCIETY OF SOUTH AFRICA**

**FIRST TIME APPLICATION FOR 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: .....

If you have qualified after 1 January 2014, have you passed Life Insurance Principles (F102) or other similar subject of another actuarial organisation? .....

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	

**Work experience**

Describe your work experience including the nature of your actuarial experience, mentioning 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 types of business


Do you have at least five years' work experience?	Yes	No
Were at least 3 of these 5 years post-qualification as a Fellow member of a professional actuarial body?	Yes	No
Were at least 3 of these 5 years spent doing relevant work and working closely with a Head of Actuarial Function or equivalent? If "yes" – please provide the name(s) of the actuary(ies):	Yes	No
Were at least 3 years of the experience within the last five years?	Yes	No
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

**CPD requirements**

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

**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 life office 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 statutory actuary.
- 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/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 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.
- In my opinion, I consider myself fit and proper based on the requirements of GOI 4.

## 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)

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

Annexure C – response to questions in Appendix A of the Life Assurance Practising Certificate Requirements

Annexure D – response to questions in Appendix B of the Life Assurance Practising Certificate Requirements

**Signature**

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

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Name: .....

Qualifications: .....

Date: .....