

**ACTUARIAL SOCIETY OF SOUTH AFRICA  
APPLICATION FOR RENEWAL OF HEALTHCARE PRACTISING  
CERTIFICATE**

**Member's details**

Name: .....

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

.....

If "Other", please specify: .....

Date admitted as a Fellow of the Actuarial Society of South Africa:

.....

Employer: .....

Is the employer a Registered Services Provider with the Actuarial Society of South Africa?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**Previous approval**

Date of previous approval: .....

**Work experience**

Describe your work experience including the nature of your actuarial experience since the date of issue of your last practising certificate:

| Period<br>(from – to) | Organisation | Title /<br>designation | Field of activity | Nature of experience |
|-----------------------|--------------|------------------------|-------------------|----------------------|
|                       |              |                        |                   |                      |
|                       |              |                        |                   |                      |
|                       |              |                        |                   |                      |

**CPD requirements**

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

- 15 hours of verifiable CPD, including
- 10 hours health related CPD and
- 2 hours specifically related to professionalism matters.

**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 actuarial association that is a member of the IAA?                                                            | Yes | No |
| Have you been convicted of any serious offence by any court?<br>(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 |
| Has any regulatory authority raised any professional or actuarial conduct issues with you?                                                                                                                                                                                                             | Yes | No |

Please supply further details where indicated "Yes" above.

.....

**Certification**

I certify that:

- In my opinion, I have the necessary knowledge, skills and experience to carry out the professional duties required of a healthcare actuary.
- I have read and understand the Professional Conduct Standards.
- I have read and understand the Actuarial Society guidance notes relating to healthcare.
- I am fully aware of the obligations and duties of a healthcare actuary.

**Annexures**

I attach the following annexures:

Annexure A – CPD Record (since issue date of previous practising certificate)

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

.....

Name: .....

Qualifications: .....

Date: .....