



ACTUARIAL SOCIETY OF SOUTH AFRICA (ASSA)

APPLICATION FOR SHORT-TERM PRACTISING CERTIFICATE

All Practising Certificate (PC) applicants to complete Sections A and D. First time Applicant also to complete Section B. Renewal applicants to complete Section C.

SECTION A: GENERAL

Member's details

Name:

Date admitted as a Fellow of ASSA:

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

If "Other", please specify:

Is this an application for an initial PC or renewal of an existing PC?

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

Short-term Insurance PC – no qualification	
Short-term Insurance PC – qualification	

Continuing Professional Development (CPD) requirements

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

Compliance with the generic outcomes-based and/or time-based CPD requirements (as the case may be) of ASSA	Yes	No
Completed all necessary formal submissions, declarations and attestations required by the CPD scheme (and am able to supply these on request)	Yes	No
A minimum of 10 hours verifiable CPD (each year) in the short-term insurance practice area.	Yes	No
The relevance of the outcome-based and above additional time-based CPD outcomes in attaining and maintaining the skills to practice as a HAF can be demonstrated (specific reference to the duties of the HAF in terms of the governance and financial soundness prudential standards is advisable).	Yes	No

Records for the last three years, supporting the above, have been included with the application. This includes: <ul style="list-style-type: none"> • CPD declarations • Detailed list of at least 10 hours verifiable CPD each year in short-term insurance area and relevance. 	Yes	No
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Appropriate person questionnaire

Have you been found guilty of unprofessional conduct in terms of the disciplinary procedures of the Institute / Faculty of Actuaries, ASSA 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 Actuarial Function (HAF).
- I have read and understand the Code of Professional Conduct (2012).
- I have read and understand the ASSA advisory practice notes and standards of actuarial practice relating to short-term assurance.
- I am fully aware of the obligations and duties of a HAF or actuary acting in a statutory capacity
- 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.
- I have read and understand the applicable regulatory requirements such as the Insurance Act, Short-term Insurance Act, other relevant acts, regulations and regulatory directives and governance and financial soundness prudential standards.

SECTION B: FIRST TIME APPLICANTS ONLY

Additional Member's details

If you have qualified after 1 January 2014, have you passed General Insurance Principles (F103) or other similar subject of another actuarial organisation?

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If "Other", please specify:

Work experience

Describe your work experience including the nature of your actuarial experience, mentioning the types of business. In completing this table please refer to Appendix A of the Short-term Insurance Practising Certificate Requirements. This table may be completed as an Annexure.

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 supporting PC holder (Please refer to definition of a supporting PC holder in Short-term Insurance Practising Certificate Requirements)?	Yes	No
If "yes" – please provide the name(s) of the PC holder(s):		
Were at least 3 years of the experience within the last five years?	Yes	No
Is a substantial period of this experience in relation to (re)insurers registered in the Republic of South Africa?	Yes	No

Annexures

I attached the following annexures:

Annexure A – CPD Records and formal declarations for the last 3 years.

Annexure B – letter(s) of support from one or more supporting PC holders with whom I have worked closely. Please refer to Appendix B of Short-term Insurance Practising Certificate Requirements.

SECTION C: RENEWAL APPLICANTS ONLY

Additional Member's details

Date of previous Short-term Insurance PC

Was the previous Practising Certificate qualified or limited in any way? If so, please provide details.

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Work experience

I have continued working experience of working at the level of Head of Actuarial Function. For example, I signed off the statutory returns submitted to the regulator Board for at least one registered (re) 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 PC for additional type(s) of business (i.e. to remove some, or all 'qualifications' from the applicant's current PC), then please:

Describe your work experience including the nature of your actuarial experience, mentioning the types of business. In completing this table please refer to Appendix A of the Short-term Insurance Practising Certificate Requirements. This table may be completed as an Annexure.

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

Annexures

I attached the following annexures:

Annexure A – CPD Records and formal declarations for the last 3 years

Where an applicable

(eg where the applicant is applying for a PC for additional types of business of demonstrating continued relevant experience – Please refer to Short-term Insurance Practising Certificate Requirements for details.)

Annexure B

Other evidence to support application. Eg Letter(s) of support from one or more supporting PC holders with whom I have worked closely. Please refer to Appendix B of Short-term Insurance Practising Certificate Requirements.

SECTION D: SIGNATURE

Signature

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

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Name:

Qualifications:

Date: