

APPLICATION FOR MEMBERSHIP TRANSFER

Member Application Transfer of Membership to the Actuarial Society of South Africa (ASSA)									
Personal Details (Please PRINT in BLOCK CAPITALS using black ink)									
Title (Circle)	Mr / Miss / Ms / Mrs / Dr			ASSA Member Number					
Full Name									
Identity Number				Foreign Passport Number					
Date of Birth				Citizenship					
Race	Black		Coloured		Indian		Oriental		White
Please indicate which other actuarial organizations you belong to if applicable, and provide membership details:									
Organisation name			Membership Type (e.g. Fellow)			Membership / Reference number			

Application Details									
I hereby apply for transfer from membership as (tick where applicable):									
Student		Technical (TASSA)		Associate		Affiliate		Fellow	
to membership with the Actuarial Society of South Africa (ASSA) as:									
Associate		Fellow		Affiliate					

Qualifications / Degrees obtained					
Qualification		Institution		Year	
Qualification		Institution		Year	
Qualification		Institution		Year	

Employer Details:		Employer name:	
Practice Area	Life / Pensions / Investments / Short-Term Ins / Health / Banking / Other: OR Currently Unemployed		
Office Tel		Mobile	
Email		Courier Address	

Check lists for requirements for admission and submission of supporting documents

(Tick where necessary)

Fellow (FASSA)		Associate (AMASSA)		Affiliate	
Completion of all A100 / A200 / A300 exams and A400 as well as F100 / F200 exams		Completion of all A100 / A200 / A300 exams and A400		Certified copy of Fellow OR Associate qualification from the respective organisation	
Successful Completion of the ASSA Generic Practice Module Exam		Completion of Associate Professionalism Course		Confirmation of membership and good standing from the respective organisation	
Certified copy of ID		Completion of Work Based Skills for Associates		Certified copy of your academic record from the respective organisation	
Certified copy of university degree / s		Certified copy of ID		Certified copy of your university degree / s	
		Certified copy of university degree / s		Certified copy of your ID / Passport document	

Transfers from Student to AMASSA / FASSA - For Office use only

Completion of Work Based Skills for Fellow / Associate	
Completion of Fellow/ Associate Professionalism Course	

ASSA APPROVAL:	
SIGNATURE	DATE

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Please note the following when submitting supporting documents:

- All certified documents cannot be older than 6 months from the date of submission to ASSA
- Documents may be scanned and emailed **IN COLOUR**

Please send all documents to the Member Services Section of ASSA:

Email: ajacobs@actuarialsociety.org.za

Courier Address:
Actuarial Society of South Africa
C/o Old Mutual Office 2
2nd Floor West End Mall
Jan Smuts Drive
Pinelands
7405

Tel: +27 21 509 8210

Declaration:			
By signing this declaration, I confirm and agree that, to the extent allowed by law:			
I am familiar with the constitution, bye-laws, guidance on professional conduct and the privacy policy issued by the Actuarial Society (all these documents can be obtained from the Actuarial Society), and understand that I am obliged to remain familiar with these documents; by submitting this application, I am bound by the disciplinary procedure and guidance on professional conduct issued by the Actuarial Society from time to time;			
I hereby authorize the Actuarial Society to obtain information on my disciplinary record from the organisation referred to above.			
<ul style="list-style-type: none"> • no disciplinary investigations are pending against me and if there are, I have provided sufficient details thereof in a document attached to this application; • I expressly accept the privacy provisions included in the privacy policy of the Actuarial Society and the terms of the privacy policy are expressly incorporated herein by reference; and • I expressly consent to allow the Actuarial Society to collect, receive, record, organize, collate, store, update, modify, retrieve, alter, consult, sue, disseminate, disclose and process personal information as provided for in the privacy policy. 			
<i>This declaration constitutes acknowledgments of fact by the Applicant. The Application must read the declaration carefully and ensure that each statement is true and correct as this will limit the rights of the Applicant to claim that these statements are not true and correct. The Actuarial Society may also have claims and other rights against the Applicant if any statement is not true and correct.</i>			
Signature of Applicant:		Date:	

For Office use only:

Record Updated	System:	Finance:
Staff member name & signature		