

Institute of Actuaries of India

Unit no. F-206, 2nd Floor, "F" Wing in Tower 2, Seawoods Grand Central, Plot no R-1, Sector 40, Seawoods, Near Seawoods Railway Station, Navi Mumbai – 400706

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March 27, 2018

ATTENTION FELLOW MEMBERS (NON-COP HOLDERS)

The Actuarial Practice Standard (APS) 9 (Ver. 2.00 / 28 03 2015) is applicable to all fellow members of Institute of Actuaries of India as under:

- 1. Holders of Certificate of Practice issued by the Institute.
- 2. Fellow members of the Institute who carry out actuarial functions
- 3. Other Fellow members of the Institute.

CPD requirement for fellow members (Non-CoP holders) as per para 6 of APS 9 is as under:-

| Work field/Area of Practice | Nature of CPD | Extent of CPD | |
|---|--------------------------------|--|--|
| Fellow members in actuarial functions (Non COP holders) | Mandatory and Verifiable | Prescribed minimum hours 18 hours per CPD year out of which a minimum of 8 hours should be technical CPD and a minimum of 6 hours should be professional CPD | |
| 2. Other Fellow members not employed in actuarial work (non COP holder) | and | Prescribed minimum hours 6 hours per CPD year | |

However,

- Members who are not in gainful employment or professional work for a period exceeding 180 days in the immediate preceding CPD year and also not holding COP will need to fulfill only 10 hours of CPD requirement in one CPD year without any criterion of minimum 'technical' or 'professional' CPD hour.
- 2. Members above 70 years of age but non COP holders will be required to attain a CPD credit of 6 hours per CPD year without any criterion of minimum 'technical' or 'professional' CPD hours.
- 3. The CPD condition is not mandatory for non-CoP holders aged 60 years and above and not gainfully employed.
- 4. Members below 60 years of age, who are not involved in actuarial work as defined by the Council and also not holding COP will need to fulfill only 10 hours of CPD requirement in one CPD year without any criterion of minimum 'technical' or 'professional' CPD hours.
- 5. For Fellows who are non- COP holders, if they are members of other actuarial body recognized by IAI (Annexure 2: Current list of actuarial bodies recognized by IAI) and are CPD compliant to that actuarial body, then they will be exempted



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from CPD requirements of IAI. They have to demonstrate the compliance to the CPD requirements of the other actuarial body and also declare that the other actuarial body is the primary regulator for CPD matters.

The Fellow members (Non-COP) holders are advised to comply with the minimum CPD requirements as per APS 9 for financial year 2017-18. Further, member/s falling under any of the above category, need to send a declaration to the effect in the prescribed format (Annexure 1) by 7th April 2018.

The duly filled declaration form shall be sent to Compliance Officer at compliance@actuariesindia.org under copy to Head-Operations at hod@actuariesindia.org and Executive Director at educariesindia.org.

Kindly note that in absence of non-receipt of declaration, it will be presumed that you require to complete 18 hours of CPD credits as per APS 9.

Visit us at: www.actuariesindia.org



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Declaration of Non-COP holder

(To be typed on Plain Paper/Letter Head of the Member)

| I,S/o, D/o, W/o | | | | | | |
|--|--|--|--|--|--|--|
| Resident of | | | | | | |
| bearing Membership No do hereby solemnly affirm and declare | | | | | | |
| as under: | | | | | | |
| 1. That I am currently a Fellow member of the Institute w.e.f | | | | | | |
| That I do not hold Certificate of Practice as per the Institute of Actuaries of India for FY 2017-18. | | | | | | |
| Further, I work under the capacity of an Employee/ Sole Proprietor / Partner / any other capacity with since | | | | | | |
| 4. I fall under category for purpose of APS 9 (Ver 2.00/ 28.03.2015) for FY 2017-18. | | | | | | |
| I am in compliance with CPD for the year 2017-18 and my CPD records for the same is enclosed separately. | | | | | | |
| I verify that the information/ particulars furnished by me are true and correct to the best of my knowledge and nothing has been kept concealed therein. | | | | | | |
| Signature | | | | | | |
| Name: Address: | | | | | | |



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| Date: | | |
|-------------|-------|--|
| Place: | | |
| Email Id: | | |
| Mobile No.: | _ | |

* Strike out whichever is not applicable