

5. (a) Address(es) of the branch office(s) of the firm / Actuaries in practice, if any

(i)

City State Code

Pin Phone No. with STD Code /

Country:

Email id

Mobile No.

(ii)

City State Code

Pin Phone No. with STD Code /

Country:

Email id

Mobile No.

(iii)

(ii).Name of the partner / Proprietor

[Grid for name entry]

Name(s) of the firm(s) of Actuaries with which connected

[Grid for firm name entry]

Capacity in which connected Proprietor Partner

Particulars of full-time or part-time occupation elsewhere if any.

[Grid for occupation details entry]

(iii).Name of the partner / Proprietor

[Grid for name entry]

Name(s) of the firm(s) or Actuaries with which connected

[Grid for firm name entry]

Capacity in which connected Proprietor Partner

Particulars of full-time or part-time occupation elsewhere if any.

[Grid for occupation details entry]

(iv).Name of the partner / Proprietor

[Grid for name entry]

Name(s) of the firm(s) of Actuaries with which connected

[Grid for firm name entry]

Capacity in which connected Proprietor Partner

Particulars of full-time or part-time occupation elsewhere if any.

[Grid for occupation details entry]

. In case of a firm, whether any partner is also practising in his individual name? Yes No

. If yes, give name(s) and membership number(s) of the member(s)

(i) Name [Grid for name entry]

Membership No. [Grid for membership number entry]

(ii) Name [Grid for name entry]

Membership No. [Grid for membership number entry]

(iii) Name [Grid for name entry]

Membership No. [Grid for membership number entry]

(iv) Name [Grid for name entry]

Membership No. [Grid for membership number entry]

(v) Name [Grid for name entry]

Membership No. [Grid for membership number entry]

