



Institute of Actuaries of India

Statutory body established under an Act of Parliament

Unit No. F-206, 2nd Floor, F Wing, Tower II, Seawoods Grand Central,
Plot no R-1, Sector 40, Nerul Road, Navi Mumbai - 400706
+91 22 6243 3333 +91 22 6243 3322

APPLICATION FORM FOR ADMISSION AS AFFILIATE MEMBER

Schedule E

Form C

[See regulation 8 (2) of IAI (Admission as Member and Issuance of Certificate of Practice) Regulations, 2017]

1. Please use BLOCK CAPITALS and blue ink when filling this form.
2. This application contains a "Note on Affiliate Membership".
3. Please "initial" each page.
4. Please attach copy of your all qualification certificates mentioned by you in this application, duly self - attested.
5. Affiliate Membership Fees is Rs.20000 + (18 % GST) = 23600.

Affix latest
passport size
(3.5 cm*3.5 cm)
Photograph

Note: Govt. of India has implemented GST by virtue of which the membership and other related fees of the Institute are subject to GST. Accordingly the Associate, Affiliate and Fellow members are requested to add GST @ 18% on membership and other related fees payable by them to the Institute with effect from 1st April 2018 onwards and pay the same.

Note on Affiliate Membership

The Council may on application by a person who is a Fellow Member of other Actuarial Professional Body where Institute has a reciprocity agreement with such actuarial body consider to admit as an Affiliate member. Such reciprocity arrangement shall be evidenced through the signing of a Mutual Recognition Agreement or its equivalent between the IAI and the Other Professional Actuarial Body, as authorized by the Council. On admission, the Affiliate member shall pay the Institute, the subscription fees and any other levies as are payable by the Fellow Members of the Institute. An Affiliate Member shall not use the designatory letter viz FIAI or any other of the Institute. An affiliate Member shall not be entitled to be elected to the Council of the Institute. An Affiliate member shall have no right to vote on any matter or resolution in any meeting of the Institute.

Requirement for Admission as Affiliate member

- Current Fellow of an Actuarial Professional Body with which IAI has Mutual Recognition Agreement (MRA). As per decision of Council in its meeting held on 8 December, 2012 [**Currently IAI has MRA with Institute & Faculty of Actuaries (IFoA), Institute of Actuaries of Australia (IAAust) and Casualty Actuarial Society**], herein after called the Parent body.
- Confirmation from Parent body that you have attained fellowship by examination route and the year of admission and that your membership is in-force.
- There is no disciplinary action taken or pending against you by the Parent body or any other actuarial body of which you are or have been a member.

1) Applicant Details:

Name: Mr/ Mrs/ Ms/Dr (Mandatory)

First name Middle name Surname

Name for Communication

Nationality:

Father's Name: Mr/ Mrs/ Ms/Dr (Mandatory)

First name Middle name Surname

Mob

Tel(R)

Tel (O)



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2) Date of Birth

DD	MM	YYYY

3) Whether you are a member of Institute of Actuaries of India? If yes then please mention your IAI Membership number and the class of membership.

IAI Membership ID	
Class of membership	

4) Current Residential Address

Flat/Door/Block no	Name of the Premise/Building/Village	Road/Street/Post Office
<input type="text"/>	<input type="text"/>	<input type="text"/>
Area/Locality	Town/City/District	Pin
<input type="text"/>	<input type="text"/>	<input type="text"/>
State	Country	Email ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

5) Name and address of the Employer [If employed]

Employer Name	Block no	Name of the Premise/Building
<input type="text"/>	<input type="text"/>	<input type="text"/>
Road/Street/Post Office	Area/Locality	Town/City/District
<input type="text"/>	<input type="text"/>	<input type="text"/>
Pin	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email ID	<input type="text"/>	

Employee Designation _____ Employee Department: _____



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6) Details of Academic and Actuarial qualification/s obtained with dates and particulars of membership of other actuarial professional body/ies

Academic Qualification including actuarial

Name of the Institution	Qualification/designation	Year of passing

Professional Actuarial Qualification

Name of the Actuarial Professional body	Qualification / designation	Exam Route / MRA Route	Membership No	Year of admission
1. Institute and Faculty of Actuaries, UK				
2. Institute of Actuaries of Australia				
3. Casualty Actuarial Society				
4. Others (Specify) and please give year in which examination passed, equivalent to Fellowship of Institute of Actuaries of India.				

Method of Payment

Cheque / DD No: _____ Dated: _____ GSTIN No: _____

Drawn on (name of the Bank): _____ Amount: _____

Online transfer

Beneficiary Name : Institute of Actuaries of India
Bank Name : Axis Bank Ltd
Bank Account Number : 921010006476949
Bank Branch Name : Sector 6 Nerul Branch, Shop No 18 & 19, Beverly Park CHS, Plot 20, Sector 6 Nerul, Navi Mumbai – 400 706.
Nature of Bank Account : Saving Account
IFSC Code : UTIB0003321



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Declaration

I hereby apply for admission as an Affiliate member of the Institute of Actuaries of India and declare that;

1. I have not at any time been convicted of an offence (other than violation of an Road Traffic Laws) by any court of jurisdiction in India or elsewhere.
2. I have not at any time been either in India or elsewhere censured, disciplined or publicly criticized by any professional body to which I belong or belonged or been dismissed from any office or employment or refused entry to any profession or occupation.
3. I am not subject to any of the disqualifications stated in section 11 of the Actuaries Act 2006
4. I further understand that the decision of the Council of the Institute of Actuaries of India on this application shall be final and binding on me.
5. If you are a member of any professional body in India or elsewhere, provide details of disciplinary action, if any, taken in the past or currently under consideration by the professional body.
6. If there are any convictions in the past or any on-going cases either in the court or by any regulatory authority in any country is against you then please provide the details of the same
7. Institute has the right to reject the application if the applicant fails to submit the required documents within a stipulated timeline of 30 days which will be calculated from the date of informing to the applicant via email. The fees paid by the applicant shall not be refunded. Rejected applicant will have to submit fresh application along with the requisite fees and required documents to the Institute.

I also further understand that Fellow membership of the Parent body shall be kept in force as long as my Affiliate Membership is in force in terms of the rules governing such membership and that I shall automatically cease to be Affiliate member on cessation of the Fellowship for whatsoever reasons.

Signature : _____

Date : _____

Place : _____



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DECLARATION TO BE SIGNED BY REFEREES

1. The applicant is requested to have the application form signed by two fellow members of either the Institute and Faculty of Actuaries, UK, The Institute of Actuaries of Australia, Casualty Actuarial Society or Institute of Actuaries of India. Members of the applicant's own family cannot be accepted as referees.
2. The applicant should so far as can be judged by the referees, be a person suitable for membership of the Institute of Actuaries of India who could be relied upon to maintain the standards of the Institute.

Referee 1:

I know the applicant and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be an Affiliate member of Institute of Actuaries of India.

Name:	
Membership No:	
Name of the Actuarial body	
Address:	
Signature:	Date:

Referee 2:

I know the applicant and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be an Affiliate member of Institute of Actuaries of India.

Name:	
Membership No:	
Name of the Actuarial body	
Address:	
Signature:	Date: