



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

ANNUAL MEMBERSHIP RENEWAL FORM 2025-26

(For Members above 60 years for Life Membership)

It is necessary that all the information is provided.

Name: Mr/ Mrs/ Ms/Dr (Mandatory) IAI Membership No Year of admission

Date of Birth

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Class of membership: Associate Fellow Affiliate Student

Above 60: Life Membership

Current Residential Address

Flat/Door/Block no Name of the Premise/Building/Village Road/Street/Post Office

Area/Locality Town/City/District Pin

State Country Nationality

Email Id:

Contact No. 1 Contact No. 2

Note: - The payment should be made on or before 20th April 2025 failing which Membership will lapse resulting in to removal of name from the register of members.

A. Mode of payment: DD or Pay Order:

The Annual Membership fee may be paid by online transfer by debit/ credit card/ internet banking or by Demand Draft / Pay Order drawn in favour of "Institute of Actuaries of India", payable at Mumbai. In case of payment through DD/Pay order, please indicate your full name, Class of membership (Fellow, Affiliate, Associate and Student) & "Annual Membership fee for the year (mention year)" at the back side of DD/Pay Order and on Renewal Form. Please ensure that payment by Demand Draft / Pay Order is honoured by your bank as dishonour may require you to pay penalty charges of ₹500/-.

For payment made in currency other than an additional ₹800/- will be charged as Bank Charges.



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B. Total Amount paid in ₹ _____

Transaction id/ Demand Draft No/Wire Transfer No: - _____

Date: - _____

C. **Help:** Kindly contact Ms. Kiran Jaiswar at kiran@actuariesindia.org or at 022-62433374 / Mr. Sandeep Mahajan at sandeep@actuariesindia.org or at 022 - 62433337 for further details on reinstatement of membership or any other matter relating to Annual Membership fee.

D. Declaration to be made by Associate, Fellow and Affiliate members:

I declare;

1. - that I have not been subject to disciplinary action, either pending or concluded by the Association based on whose fellowship I was admitted as IAI member (in case this is not true please provide the details.)
2. - I have paid all dues that are due to the Association based on whose fellowship I was admitted as IAI member.
3. I hereby undertake that if my name is entered in the Register, I shall be bound by the provisions of the Actuaries Act, 2006 and the regulations framed thereunder or that may hereafter from time to time be pursuant to the said act.

Date:

Place:

Signature of Applicant