

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 2024-25

(For Members above 60 years for Life Membership)

It is necessary that all the information is provided.

Name: Mr/ Mrs/ Ms	/Dr (Ma	andatory)		IAI Membershi	p No	Year of admission	
	DD	MM	YYYY				
Date of Birth							
Class of membersh	ip: Associa	te	Fellow	Affiliate		Student	
Above 60: Life Mer	mbership						
Current Residentia	l Address						
Flat/Door/Block no Name		me of the P	of the Premise/Building/Village		Road/Street/Post Office		
Area/Locality		Town/0	City/District		Pin		
			<u> </u>				
State			Country		Nation	iality	
Email Id:							
Contact No.1				Contact No. 2			

Note: -

Payment must be rendered no later than April 1st, 2024. Failure to do so will result in membership expiration and subsequent removal of the name from the Institute's register.

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/-

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

В.	Total Amount paid in ₹					
	ransaction id/ Demand Draft No/Wire Transfer No:					
	Pate:					
c.	elp: Kindly contact Mr. Sandeep Mahajan at sandeep@actuariesindia.org or at 022 - 62433339 for further details o reinstatement of membership or any other matter relating to Annual Membership fee.					
D.	eclaration to be made by Associate, Fellow and Affiliate members:					
de	are that;					
	-I have not been subject to disciplinary action, either pending or concluded by th Association based on whose fellowship I was admitted as IAI member (in case this is no true please provide the details.)					
	-I have paid all dues that are due to the Association based on whose fellowship I wa admitted as IAI member. This clause is appliable to member of the;					
	 Casualty Actuarial Society Institute of Actuaries of Australia Institute of Faculty of Actuaries, UK (became the Fellow member through MR agreement with IFOA after 17th February 2004 and before 10th November 2021) 					
	I hereby undertake that if my name is entered in the Register, I shall be bound be the provisions of the Actuaries Act, 2006 and the regulations framed thereunder of that may hereafter from time to time be pursuant to the said act.					
Dat	Place:					
Sigr	cure of Applicant					