



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 FELLOW MEMBER (IFOA-MRA Route) Schedule C Form

[See regulation 4 (3) of IAI (Admission as Member and Issuance of Certificate of Practice) Regulations, 2017]

In accordance with the terms of the Mutual Recognition Agreement under which you are applying for admission as Fellow of the IAI, before admission you must;

- have attained Fellowship of the IFOA by completing examination of the IFOA (including where relevant, obtaining one or more of the IFOA's examination exemptions that are available from time to time), and not solely in recognition of membership of another actuarial association
- be entitled to practise as a member of the IFOA
- Have at least three years post-qualification practical work-based experience of actuarial practice if there is no work experience requirement built into Fellowship of IFOA you have completed, as at the date of your application
- have undertaken a professionalism course as prescribed by IFOA; and
- Authorise in writing the IFOA to release relevant records to the IAI concerning any adverse disciplinary determination, finding, sanction and/or penalty, to which you have been subject, in accordance with the IFOA's disciplinary process. Such records maybe taken into consideration by the IAI in considering the application, and may be retained by the IAI thereafter for as long as is reasonably necessary

Note:

1. Please use BLOCK CAPITALS and blue ink when filling this form.
2. Please "initial" each page.
3. Please Pay Fees for Fellowship Membership is as below:
(MRA: Mutual Recognition Arrangement)

Particulars	Fees
Fellow (MRA Route)	Rs 20000 + (18 % GST) = 23600*

Affix latest
Passport size
(3.5cm" X 3.5 cm")
Photograph

*** Change of category within an annual Membership year will also attract full membership fees for new category addition to above fees**



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Section 1 – Applicant Details

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

First name

Middle name

Surname

IFOA Member (ARN) No

Year of Admission in IFOA

If you are a member of IAI, if yes, please provide

IAI Membership No

Email Id

Mobile 1

Mobile 2

DD

MM

YYYY

Date of Birth:

Current Residential Address :

Flat/Door/Block no

Area/Locality

State

Name of the Premise/Building/Village

Town/City/District

Country

Road/Street/Post Office

Pin

Nationality

Are you currently employed? Yes No

If yes, Current Employment Details:

Employer Name

Block no

Name of the Premise/Building

Road/Street/Post Office

Pin

Area/Locality

State

Town/City/District

Country

Employee Designation _____ Employee Department: _____



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For Indian Resident:

Pan card No :

Name in the Pan card:

Aadhar Card No

Name as per Aadhar card:

For Non-Resident Indian:

Passport No

Issuing Authority

Country of stay

Section 2 – Details of Subjects passed /Exempted

Subject	Passed/ Exempted	Exam Diet	Exam Pass from IFOA, IAI or any other Actuarial Body		
			IAI	IFOA	Other Actuarial Body
CT1					
CT2					
CT3					
CT4					
CT5					
CT6					
CT7					
CT8					
CT9					
CA1					
CA2					
CA3					
ST_					
ST_					



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SA_					
CS1					
CS2					
CM1					
CM2					
CB1					
CB2					
CB3					
CP1					
CP2					
CP3					
SP_					
SP_					

Section 3 – Full details of Academic and Actuarial qualification/s obtained with dates and particulars of membership of other actuarial professional body/ies

Name of the College/University/Institution	Academic Qualification/ Actuarial designation	Year of Passing	Year of Admission

Section 4 – Professionalism Course:

Please provide date and awarding body of Fellowship Professionalism Course attended: (Letter of attendance confirmation/Copy of Certificate required with application)

Name of the Awarding body:

Date of Professionalism course attended:

Area of the Practice:

Start Date:

End Date:

No of days /hours:



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Section 5 - Actuarial Work Based Experience: -

Please give full details areas of practice & work experience with dates

Sr No	From	To	Employer details	Details of Training and Work Experience

Note:

1. Original Experience Certificate is required from each Employer/s on the Company letterhead (**Past three years, if not built into the Fellowship requirement**). The letter should include your name, designation and period of Actuarial work
2. Brief description of Job profile and nature of work handled e.g. Department, Responsibilities etc. from the date of joining Actuarial membership
3. Must be signed by HR Manager or your Immediate Reporting officer/ Head of Deptt. Should contain their Phone No and Email Id.
4. Kindly submit self-attested Work Based Skills which has been submitted to IFOA at the time of applying (IFoA Fellowship)

Section 6 – Method of Payment

All the payment to be made by online transfer only – Fee Rs. 20000 + 18% GST

Name of the Bank _____ Date: _____ GSTIN No: _____

Transaction details: _____ 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,
Nerul, Navi Mumbai – 400 706.
Nature of Bank Account : Saving Account
IFSC Code : UTIB0003321



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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 Fellow members are requested to add GST @ 18% on membership and other related fees (Subscription fee and any other fees due) payable by them to the Institute with effect from 1st April 2018 onwards.

Section 7 – Declaration

Before signing this declaration, you must read, Rules and Regulations of the IAI which are available on our website at Governance/Acts & Regulation/ Actuaries Act, Rules, Regulation and procedure of conducting meetings.

1. I hereby apply for admission as a Fellow member of the Institute of Actuaries of India, under Rule 2(i) of the Rules of the Institute and declare that;

I understand that the IAI will contact IFOA to obtain verification of the following:

- confirmation that I am a Fellow of IFOA in good standing and entitled to practise as a member of that body;
- details of any adverse disciplinary determination, finding, sanction and/or penalty to which I have been subject;
- confirmation of my CPD compliance;
- confirmation that my qualification includes at least 3 years' actuarial work experience; and
- confirmation of attendance at a professionalism course

2. I acknowledge that, as a member of the IAI, I will be bound by the constitutional and regulatory framework of the IAI, which includes;

- the Actuaries Act 2006
- the IAI Rules and Regulations
- the IAI Professional standard
- Any guidelines issued by the Institute in time to time

3. I am not subject to any of the disqualifications stated in section 11 of the Actuaries Act 2006

4. I have not at any time either in India or elsewhere been censured, disciplined or publicly criticized by any professional body to which I belong or belonged or been dismissed from any professional office or employment or refused entry to any profession or occupation.

5. I confirm that all the above information is correct.

6. 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.

7. Applicants through Affiliate Membership or MRA Route should attach Experience Certificate from Employer/s establishing India based actuarial related work experience. (For applicants through MRA Route from IFOA – Kindly submit self-attested Work Based Skills which has been submitted to IFOA at the time of applying IFOA Fellowship)



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I further understand that the decision of the Institute of Actuaries of India on this application shall be final and binding on me.

If there is anything additional you would like to declare with this application, please add this to the box below.

Name:

Date:

Place:

Signed:

(Please sign within the box)

Checklist

Please enclose the following documents;

- 1) Confirmation of membership letter from IFOA ;
 - confirmation that I am a Fellow of IFOA in good standing and entitled to practise as a member of that body;
 - details of any adverse disciplinary determination, finding, sanction and/or penalty to which I have been subject;
 - confirmation of my CPD compliance;
 - confirmation that my qualification includes at least 3 years' actuarial work experience; and
 - confirmation of attendance at a professionalism course
- 2) Original Experience Certificate is required from each Employer/s on the Company letterhead (past three years, if not built into the Fellowship requirement) . The letter should include your name, designation and period of work
- 3) Confirmation letter of Attendance of Professionalism course
- 4) IFOA Fellowship Certificate
- 5) Pan card & Aadhar card copy, if resident of India
- 6) Passport or the National id of the country of which the member is citizen, if the non-residents in India.
- 7) Academic qualification certificate

This form should be sent to Member Services Team in hard copy to *Mr Sandeep Mahajan, 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 - 400 706* and soft copy email to (sandeep@actuariesindia.org & nilima@actuariesindia.org). It is mandatory to fill all the details.



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Consent to use my personal data by IAI:

I hereby give my consent to IAI to use my personal data and contact details. IAI will use the information provided on this form to process my application, to maintain Register of Members, and to contact me in the course of my membership. I authorize IAI to publish my membership & contact details on website.

IAI will use my Home address if business address is not supplied by me.

I authorized IAI to share my personal data with IFOA, if required.

I authorized IAI to share my personal data including details of complaints and disciplinary actions with IFOA and other authorities if required.

Signature: _____
