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## Non-Life Insurance Signing Actuary Practising Certificate

## Application for Certificate

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| ***When completed, this form should be returned to:***  **The Secretary, Practising Certificate Committee, Society of Actuaries in Ireland,**  **Clanwilliam House, Clanwilliam Place, Dublin 2, D02 AV90** |

**Notes on completion of the form**

1. If you are unsure whether you should complete this form, you are strongly advised to discuss the matter with the Society’s CEO and Director of Professional Affairs before doing so.
2. Before completing the form, please read the

**RULES RELATING TO CERTIFICATES FOR ACTUARIES SIGNING STATEMENTS OF ACTUARIAL OPINION (SAOs) and SAO REPORTS RELATING TO NON-LIFE INSURANCE COMPANIES OR NON-LIFE REINSURANCE BUSINESS**

and the associated

**GUIDANCE RELATING TO APPROPRIATE PRACTICAL EXPERIENCE FOR ACTUARIES SIGNING STATEMENTS OF ACTUARIAL OPINION (SAOs) AND SAO REPORTS RELATING TO NON-LIFE INSURANCE COMPANIES OR NON-LIFE REINSURANCE BUSINESS**

* see <https://web.actuaries.ie/standards-regulation/practising-certificates>.

1. As a Signing Actuary, you are required to satisfy the Society’s Continuing Professional Development (CPD) requirements. These are set out in [ASP PA-1, Continuing Professional Development](https://web.actuaries.ie/standards/asp/asp-pa-1), and explanatory information is available on the Society’s website (under [Standards and Regulation – Continuing Professional Development](https://web.actuaries.ie/standards-regulation/continuing-professional-development)). If you have not submitted a CPD Return to the Society in respect of the 12 months ending on 30th June of this year, please contact the CEO and Director of Professional Affairs regarding further requirements relating to this application.
2. **You may not modify any of the questions or explanatory notes on this form. If you do so, your application may be deemed to be invalid.**

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| Personal Details |
| |  |  | | --- | --- | | **Title:** | Dr.  Mr.  Mrs.  Ms.  Prof. | | **Surname:** |  | | **Forname(s):** |  | | **Forename(s) to appear on Certificate:** |  | | **Previous Surname, if any:** |  | | **Home Address:** |  | | **Business Name & Address:** |  | | **Date of Qualification:** |  | | **Date of admission as a Fellow of the Society of Actuaries in Ireland (“Society”):** |  | | **Date of admission as a Student of the Society:** |  | |

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| Practical Experience |
| 1. The Regulations, Rules & Guidance relating to certificates to act as a Signing Actuary in respect of statements of actuarial opinion relating to non-life insurance companies or non-life reinsurance business are available at: <https://web.actuaries.ie/standards-regulation/practising-certificates> 2. It is mandatory to answer all of the questions below. 3. The information provided must be in sufficient detail to demonstrate the required appropriate practical experience, as set out in the [Rules](https://web.actuaries.ie/standards-regulation/practising-certificates) and [Guidance](https://web.actuaries.ie/standards-regulation/practising-certificates) relating to Signing Actuary certificates. 4. Updated details of recent relevant experience will be required every three years when renewing your certificate.  |  |  | | --- | --- | | **Current Employer:** |  | | **Current Job Title:** |  | | **From Date:** |  | | **Nature of the Business:** |  | | **Job Duties:** |  | | **Details of any changes in last 12 months:** |  | | **Please describe fully your experience of reserving for different categories of business, having regard to the scope of certificate sought and the classes of business for which you expect to provide a Statement of Actuarial Opinion:** | | |
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| Previous occupation and employment |

If necessary to support your application, bearing in mind the experience requirements set out in the practising certificate [Rules](https://web.actuaries.ie/standards-regulation/practising-certificates) and the [Guidance](https://web.actuaries.ie/standards-regulation/practising-certificates) on appropriate practical experience, please complete the following in respect of previous occupations and employment:

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| **Employer:** |  |
| **Job Title:** |  |
| **From Date:** |  |
| **To Date:** |  |
| **Nature of the Business:** |  |
| **Job Duties:** |  |

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| **Employer:** |  |
| **Job Title:** |  |
| **From Date:** |  |
| **To Date:** |  |
| **Nature of the Business:** |  |
| **Job Duties:** |  |

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| **Employer:** |  |
| **Job Title:** |  |
| **From Date:** |  |
| **To Date:** |  |
| **Nature of the Business:** |  |
| **Job Duties:** |  |

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| Certificate details |

**I wish to apply for a Certificate specific to the following non-life or reinsurance company or companies:**

**Please state the classes of business in respect of which you intend to provide a Statement of Actuarial Opinion during the term of the required practising certificate:**

**Please describe briefly the arrangements, if any, that you have in place to consult or discuss issues with a peer as and when required (i.e. what professional support structure is available to you in your capacity as a Signing Actuary?):**

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| Questionnaire |

**Q1: Have you been convicted of any offence (other than under the Road Traffic Acts) by any Court in Ireland or elsewhere?**

No

Yes

If yes, please give full particulars:

**Q2: Have you, in Ireland or elsewhere, been censured, disciplined or publicly criticised by any professional body to which you belong or belonged, or been dismissed from any office or employment, or refused entry to any profession or occupation or refused a practising certificate of any kind?**

No

Yes

If yes, please give full particulars:

**Q3: Have you been adjudicated bankrupt by a Court in Ireland or elsewhere?**

No

Yes

If yes, please give full particulars:

**Q4: Have you, at any time, failed to satisfy any debt adjudged to be due and payable by you under order of any Court in Ireland or elsewhere?**

No

Yes

If yes, please give full particulars:

**Q5: Have you in connection with the formation or management of any body corporate, insurance company or pension fund, been adjudged by a Court in Ireland or elsewhere to be civilly liable for any fraud or other misconduct towards such a body, company or pension fund or towards any member thereof?**

No

Yes

If yes, please give full particulars:

**Q6: Has any body corporate with which you have been associated as a director or a controller, in Ireland or elsewhere, been compulsorily wound up or made any compromise arrangement with its creditors or ceased trading in circumstances where its creditors did not or have not yet received full settlement of their claims, either while you were associated with it or within one year after you ceased to be associated with it?**

No

Yes

If yes, please give full particulars:

**Q7: Have you been associated as actuary with any insurance company which, in the last five years, to the best of your knowledge, has been subject to judicial or quasi-judicial proceedings or litigation, where your actuarial involvement has been questioned and where those proceedings or litigation have or has been concluded (whether settled in or out of court)?**

No

Yes

If yes, please give full particulars:

**Q8: To the best of your knowledge, has the Central Bank of Ireland raised any concerns about professional or actuarial issues in relation to work in which you have been involved? Have you, as a consequence, had to make any material changes to the work concerned?**

No

Yes

If yes, please give full particulars:

**Q9: Have you been assessed (for any role) by the Central Bank of Ireland under the Fitness and Probity regime introduced under the Central Bank Reform Act 2010?**

No

Yes

If yes, please give full particulars:

**Q10: Has any judgement or decree been given against you (other than any to which you are entitled, as respects the whole effect of the judgement or decree upon you, to indemnity or relief from any other persons) which remains unsatisfied in whole or part?**

No

Yes

If yes, please give full particulars:

**Q11: Do any of the provisions of the Companies Act 2014 dealing with disqualifications and restrictions as regards directors and other officers apply to you?**

No

Yes

If yes, please give full particulars:

**Q12: Has an order of attachment or committal been made against you?**

No

Yes

If yes, please give full particulars:

**Q13: Do any of the provisions of the Lunacy Regulation (Ireland) Act, 1871, (or any Act amending or extending that Act) relating to management and administration of property apply to you?**

No

Yes

If yes, please give full particulars:

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| Certificates |

**1. I certify that:**

* I have familiarised myself with the legal, regulatory and professional requirements that apply to the role of a Signing Actuary, including the Code of Professional Conduct and all relevant Actuarial Standards of Practice issued by the Society of Actuaries in Ireland;
* Where relevant, I have kept myself informed of regulatory/legislative changes and changes in professional requirements since my previous application for a practising certificate; and
* I intend to comply with the legislation, regulations and professional requirements relevant to the role of a Signing Actuary.

**2**. **I certify that** I have read the notes to this application form and in my opinion I have the appropriate knowledge and practical experience for my role as a Signing Actuary, including those types of work listed in the rules and guidance of the practising certificates scheme.

**3.** **I certify that,** in the twelve month period ending on 30 June last, I completed a programme of continuing professional development (CPD) in accordance with the Society’s CPD requirements, as set out in ASP PA-1, Continuing Professional Development. In particular, I fulfilled the requirements applicable to Category 1 members, as defined in the ASP.

**4.**  **I certify that** I have completed the necessary Professionalism Training Requirements in accordance with the requirements of ASP PA-1, Continuing Professional Development.

**5. I hereby declare** that the information provided in this application is complete and correct to the best of my knowledge and belief and that I am an appropriate person to hold a certificate to act as a Signing Actuary.

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| Undertaking |

**I hereby undertake** that I will immediately inform the Society in writing, and provide updated details, if my answer to any of the 13 questions in the above Questionnaire is no longer valid or if I am no longer able to certify in relation to any of the Certificates above.  I acknowledge that failure to do so may constitute misconduct for the purposes of the Society’s Disciplinary Scheme.

**Please provide any relevant supplementary information in relation to your application.**