



Society of Actuaries in Ireland

**ALLEGATION OF MISCONDUCT
MADE UNDER THE RULES OF THE DISCIPLINARY
SCHEME**

SECTION ONE

1. YOUR NAME

Surname:.....

First Name(s):.....

Mr Mrs Miss Ms Other (please specify).....

Address:.....

.....

.....

.....

Telephone numbers:

home: work: mobile:

Which would you prefer us to use if we need to contact you by telephone?.....

SECTION TWO

**2. DETAILS OF THE ACTUARY OR ACTUARIES ABOUT WHOM YOU
WISH TO MAKE AN ALLEGATION OF MISCONDUCT**

(a) Surname:

First Name(s):.....

Address (if known):

.....

.....

.....

(b) Surname:.....

First Name(s):

Address (if known):

.....

.....

.....

SECTION THREE

3. DETAILS OF YOUR ALLEGATION OF MISCONDUCT

A. Have you already raised your allegation with the actuary or actuaries concerned?

Yes..... No

If yes, please state when you raised it:

and what the outcome was:

.....
.....
.....
.....

B. Have you raised it with any other organisation or person?

Yes..... No

If yes, please give name of organisation or person:

.....

and the date when you raised it:

and what the outcome was:

.....
.....
.....
.....

C. When did the action(s) that you allege constitute misconduct take place?

.....

If this was more than 5 years ago, please say why there has been a delay in making the allegation:

.....
.....
.....
.....
.....

[illegible]

SECTION FOUR

4. OTHER PEOPLE WITH INFORMATION TO HELP AN INVESTIGATION

Please give the names and addresses of any other people who you believe may be able to help us to investigate your allegation:

- a.....
.....
.....
- b.
.....
.....

SECTION FIVE

5. DOCUMENTS TO SUPPORT YOUR ALLEGATION

Please send us **copies** of any papers that you have which may support your allegation.

Please do not send original documents. Please list below what you have sent:

- a.....
.....
.....
- b.
.....
.....
- c.....
.....
.....

Have you written to the Society of Actuaries in Ireland before about this matter?

Yes or No?

If "Yes":

By letter or email? On what date?

To whom was the correspondence addressed (name of person)?

Please sign and date your completed form:

Signed: Date:.....

Please return this form to:

Yvonne Lynch
Chief Executive
Society of Actuaries in Ireland
Pembroke House
28-32 Pembroke Street Upper
Dublin 2
D02 NT28

Telephone: 01 634 0020

e-mail: yvonne.lynch@actuaries.ie