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## Appointed Actuary Practising Certificate

## Application for Renewal of Certificate

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| Personal Details |
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| **Title:** | Dr. [ ]  Mr. [ ]  Mrs. [ ]  Ms. [ ]  Prof. [ ]  |
| **Name:** | Click here to enter text. |
| **Forename(s) to appear on certificate:** | Click here to enter text. |
| **Previous Surname** | Click here to enter text. |
| **Home Address:** | Click here to enter text. |
| **Business Name Address:** | Click here to enter text. |
| **Date of Qualification** | Click here to enter a date. |
| **Date of admission as a Fellow of the Society** | Click here to enter a date. |
| **Date of admission as a Student of the Society**  | Click here to enter a date. |
| **Date of most recent Professionalism Course/Graduation Programme or event attended:\*** | Click here to enter a date. |

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| Practical Experience |
| 1. The Regulations, Rules & Guidance relating to certificates to act as an Appointed Actuary to a Life Assurance Company, are available at: <https://web.actuaries.ie/standards/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 [Guidance to the scheme](https://web.actuaries.ie/standards/certificates).
4. Updated details of recent relevant experience will be required every three years when renewing your certificate.

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| **Employer:** | Click here to enter text. |
| **Job Title:**  | Click here to enter text. |
| **From Date:** | Click here to enter a date. |
| **Nature of the Business:** | Click here to enter text. |
| **Job Duties:** | Click here to enter text. |
| **Details of any changes in last 12 months:***This field is required for the renewal of a Practising Certificate* | Click here to enter text. |
| **Please detail experience of with-profit business (if a certificate including with-profits business in required), and please detail other relevant experience (other than reserving experience, which is covered separately below):**Click here to enter text. |
| **Please ensure that you describe fully your experience of reserving for different categories of business, having regard to the scope of certificate sought and the types of business written by the entity or entities for which you expect to act as Appointed Actuary. If you wish to hold a practicing certificate that allows you to act as Appointed Actuary to a company that writes or intends to write or has an in-force portfolio of business which includes investment guarantees which you consider to be material, please state clearly how you meet the specific experience requirements in this regard set out in the Guidance relating to Appropriate Practical Experience:** |
| Click here to enter text. |

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| Previous occupation and employment |

If (i) it is three or more years since you provided details of your recent relevant experience or (ii) since your last application, there has been a change in the nature of an entity or business in respect of which you intend to act as Appointed Actuary, please complete the following:

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| **Employer:** | Click here to enter text. |
| **Job Title:**  | Click here to enter text. |
| **From Date:** | Click here to enter a date. |
| **To Date:**  | Click here to enter a date. |
| **Nature of the Business:** | Click here to enter text. |
| **Job Duties:** | Click here to enter text. |

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| **Employer:** | Click here to enter text. |
| **Job Title:**  | Click here to enter text. |
| **From Date:** | Click here to enter a date. |
| **To Date:**  | Click here to enter a date. |
| **Nature of the Business:** | Click here to enter text. |
| **Job Duties:** | Click here to enter text. |

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| **Employer:** | Click here to enter text. |
| **Job Title:**  | Click here to enter text. |
| **From Date:** | Click here to enter a date. |
| **To Date:**  | Click here to enter a date. |
| **Nature of the Business:** | Click here to enter text. |
| **Job Duties:** | Click here to enter text. |

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| Certificate details |

**I wish to apply for a Certificate specific to the following company or companies:**

Click here to enter text.

*Please state the name(s) of the company / companies for which you are applying.*

**Please indicate whether you wish to hold a practising certificate that allows you to act as Appointed Actuary to a company that writes or intends to write or has an in-force portfolio of business which includes investment guarantees which you consider to be material.**

N/A [ ]

Yes [ ]

No [ ]

**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 an Appointed Actuary?):**

Click here to enter text.

**Please state the names of the life assurance companies for which you currently act as Appointed Actuary and state whether or not these relate to companies that have with-profit business or write or intend to write or have an in-force portfolio of business which includes investment guarantees which you consider to be material:**

Click here to enter text.

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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: Click here to enter text.

**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: Click here to enter text.

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

No [ ]

Yes [ ]

If yes, please give full particulars: Click here to enter text.

**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: Click here to enter text.

**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: Click here to enter text.

**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: Click here to enter text.

**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: Click here to enter text.

**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: Click here to enter text.

**Q9: Have you been assessed 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: Click here to enter text.

**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: Click here to enter text.

**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: Click here to enter text.

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

No [ ]

Yes [ ]

If yes, please give full particulars: Click here to enter text.

**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: Click here to enter text.

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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 an Appointed 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 an Appointed 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 an Appointed Actuary, including those types of work listed in the rules 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 have fulfilled the requirements applicable to Category 1 members, as defined in the ASP.

[ ]  **4.** **I certify that** I have attended a Professionalism Course/Graduation Programme (unless admitted on or before 1 July 1992) and have subsequently completed professionalism skills training 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 an Appointed 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.**

Click here to enter text.

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| **Please complete and return the form to:****The Secretary, Practising Certificates Committee, Society of Actuaries in Ireland,** **Clanwilliam House, Clanwilliam Place, Dublin 2.** |