



**APPLICATION FOR RENEWAL OF A CERTIFICATE TO PRACTISE
AS A SIGNING ACTUARY**

When completed the form should be returned to:

Secretary
Practising Certificate Committee
Society of Actuaries in Ireland,
Clanwilliam House
Clanwilliam Place
Dublin 2

Notes on completion of the form

a) The Form has four parts - Personal Details, Questionnaire, Certificates and Undertaking. If you are unsure whether you should complete the form, you are strongly advised to discuss the matter with the Director of Professional Affairs before doing so.

b) Before completing the Form, please read the

**RULES RELATING TO CERTIFICATES FOR ACTUARIES SIGNING STATEMENTS
OF ACTUARIAL OPINION 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 RELATING TO
NON-LIFE INSURANCE COMPANIES OR NON-LIFE REINSURANCE BUSINESS**

c) Certificate 3: 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, and explanatory information is available on the Society's website (under Professional Standards – CPD Scheme). 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 Director of Professional Affairs regarding further requirements relating to this application.

Charge Visa/MasterCard Euro € _____

Name of Cardholder: _____

Card Number: ____/____/____/____ Expiry Date: ____/____

Security code (three digit number located on reverse of card): ____

If you require a receipt please tick box