Faculty of Actuaries **Institute of Actuaries**

Application for Replacement Copy of Certificate in Finance and Investment

Full Name: ARN:

Office address:

Office Tel. No.: Daytime Tel. No.:

Fax: E-mail:

Final date of completion of subjects CT1, CT2, CT4, CT7, CT8, CT9 and CA1:

Have you previously received a Certificate in Finance and Investment ? Yes ☐ No ☐

If yes what was the date of the Council meeting at which this was signed (shown on the certificate)?

Date:

Your Certificate of Finance and Investment will be sent to the next convenient Council meeting for signing.

I enclose a remittance, made payable to ***Actuarial Resources*** *in the sum of £30.00.*

Please complete this Application Form and return it to the Exams Team at the Oxford address given below (Direct Fax: +44 (0)1865 268222).

Payment Details

Amount: £30.00 Credit Card: Visa ☐ Mastercard/Eurocard ☐ Switch ☐ Issue No.: ☐

Card No.: Start Date: Expiry Date:

Please give name and address if different from cardholder:

Name:

Address:

Signature: Date:

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