

APPLICATION FOR A CERTIFICATE TO PROVIDE UK ACTUARIAL OPINIONS FOR LLOYD'S SYNDICATES

Please read the accompanying notes before completing this form.

**ALL QUESTIONS MUST BE ANSWERED
PLEASE USE BLOCK CAPITALS OR TYPESCRIPT**

PERSONAL DETAILS

Surname:	ARN:	Mr/Mrs/Miss/Ms/Other
Forename/s:		
Any previous name by which you have been known:		
Private address:		
Tel:		
Fax:		
Business address:		
Tel:		
Fax:		
Fellow of Faculty / Institute/Casualty Actuarial Society:		
Date of Birth:	Year of Admission as a Fellow (or as an Affiliate of the Institute if a Fellow of the Casualty Actuarial Society)	
Date last Professionalism Course/Event attended:		
If you have not attended in the last 10 years you are encouraged to do so as soon as possible.		
Date passed UK Practise Module:		
If you qualified from and including the 2005 examinations you will require to have passed the relevant UK Practice Module unless you are exempt by having completed the relevant 400 series examination previously..		

QUESTIONNAIRE

Have you at any time been convicted of any offence (other than under the Road Traffic Acts) by any court in the UK or elsewhere? If so, give full particulars of the court by which you were convicted, the offence and the penalty imposed and the date of the conviction (**NB see Note 4**).

Have you, in the UK or elsewhere, been censured, disciplined or publicly criticised by a professional body to which you belong or belonged, or been dismissed from any office or employment, or refused entry to any profession or occupation? If so, give full particulars.

Have you in the last ten years been adjudicated bankrupt by a court in the UK or elsewhere? If so, give full particulars.

Have you at any time failed to satisfy any debt adjudged to be due and payable by you under order of any court in the UK or elsewhere? If so, give full particulars.

Have you, in connection with the formation or management of any body corporate or pension fund, been adjudged by a court in the UK or elsewhere to be civilly liable for any fraud or other misconduct towards such a body or pension fund or towards any of the members thereof? If so, give full particulars.

Have you been censured or disciplined by Lloyd's?

Have you or has any body corporate with which you have been associated as a director or controller in the UK or elsewhere been compulsorily wound up or made any compromise arrangement with its creditors or ceased trading in circumstances where its creditors did not receive 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. If so, give full particulars.

Present occupations or employment, and occupations and employment during the last ten years, **(as described in Note 5)** including the name of employer, the nature of the business, the title and duties of the positions held and relevant dates. The information must be in sufficient detail to demonstrate your qualifications to provide opinions.

Dates From To	Name of Employer	Job Titles and Duties of Positions Held

Are you presently subject to any kind of investigation, disciplinary or tribunal proceedings with the Faculty or Institute of Actuaries?
If so, give full particulars.

In the last 12 months, to the best of your knowledge, have you been censured by Lloyd's or been subject to judicial, quasi-judicial proceedings (such as an industrial tribunal or FSA proceedings) or litigation whether settled in or out of court where your actuarial involvement has been questioned? (only formal written comments, judgements or end of investigation complaints should be noted)

CERTIFICATE 1:

I certify that I have read and understand the current version of the Professional Conduct Standards and all other relevant Professional Guidance including GN20.

CERTIFICATE 2:

I certify that in my opinion I have the appropriate knowledge and relevant practical experience (**as described in Note 5**) to sign opinions for Lloyd's syndicates.

CERTIFICATE 3:

I certify that I have provided evidence of my CPD record by completing the Profession's online facility in accordance with the CPD scheme and Criteria for category 1 actuaries.

CERTIFICATE 4:

I certify that I have attended a Professionalism Course in accordance with the rules of the Profession.

CERTIFICATE 5:

I certify 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.

CERTIFICATE 6

I confirm that I have no objection to my name being included in a listing of certificate holders that will be published on the Profession's website.

Signed:	Date:
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Actuarial Reference No:
(Please quote in all correspondence)

PLEASE COMPLETE IF PAYING BY CREDIT CARD

ACCESS MasterCard VISA

CARD NUMBER

CARD SECURITY NUMBER

EXPIRY DATE AMOUNT

NAME.....
ADDRESS.....
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SIGNATURE.....DATE.....