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**CPD SCHEME 2019/2020**

**Application to comply with the CPD requirements of the IFoA CPD Scheme by complying with one of the recognised International Actuarial Association (IAA) bodies’ CPD Schemes (listed at Schedule 5 to the Scheme)**

**NAME:** ………………………………………………………………………………………..

**ARN:** …………………………………………………………………………………………

**I certify that:**

* I am a member of ……………………………………………

at the same level as a Fellow or an Associate of the IFoA.

* Membership reference with other body…………………….
* Membership status……………………………………………

Proof of Membership is attached.

* I agree to comply with the CPD requirements of the aforementioned IAA body for 2019/2020 CPD reporting year.

**Declaration**

I understand that if my circumstances change, and I am no longer eligible to comply with the other IAA body’s CPD Scheme, I will inform the Membership Team as soon as possible. I understand that failure to do so may result in my referral for consideration under the Disciplinary and Capacity for Membership Schemes.

Signed: ………………………………………………………….

Date: …………………………………………………………..

Please scan and e-mail: cpd\_feedback@actuaries.org.uk

Fax to: +44 (0)131 240 1313

or send to: Membership Team, The Institute and Faculty of Actuaries, Level 2 Exchange Crescent, 7 Conference Square, Edinburgh EH3 8RA