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|  | | Renewal Application | | | | | | | |
|  | | For a certificate to provide UK Actuarial Opinions for Lloyd’s Syndicates | | | | | | | |
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| Section 1 | | | | | | | | |
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|  | ARN: | | |
| Forenames: | | | | |  | | | Surname: |
| Home address: | | | | | | | | |
|  | | | | | | | | |
| Tel: | | | | |  | | | E-mail |
|  | | | | | | | | |
| Date Certificate due: | | | | | | | | |
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| Section 2 | | | | | | | | |
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| Name of Employer: | | | | | | | | |
| Address: | | | | | | | | |
|  | | |  | | | | Tel: | |
| E-mail: | | | | | |
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If your current certificate is subject to a restriction, and you believe that your experience now supports a certificate with no restriction, please (a) check the box below and (b) explain fully on the form why your experience is now at a sufficient level for a certificate with no restriction to be awarded, taking into account the requirements of the Practising Certificates Scheme to demonstrate breadth and depth of experience in at least 3 of the last 5 years and in at least 3 of the last 18 months.

Explanatory notes

* Please answer the following questions by double clicking and checking the relevant box and providing details where appropriate.
* If you are providing details in response to any of the questions then please provide those on a separate sheet.
* Information should be provided regardless of whether those events occurred in the UK or elsewhere

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| Section 3 | | | | | | | |
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| 1 | Do you have any criminal convictions, which are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975 (as amended in 2013))?  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.  For clarification you do not have to disclose any convictions, cautions, reprimands or final warnings arising from minor statutory offences. | | |  | Yes |  | No |
| 2 | Have you been the subject of adverse findings in disciplinary proceedings or investigations by a professional body to which you belong or belonged?  If so, provide full details. | | |  | Yes |  | No |
| 3 | Have there been any adverse findings made against you as an individual or any organisation with which you are (or have been) employed or connected with, relating to your own conduct, in any civil proceedings?  If so, provide full details. | | |  | Yes |  | No |
| 4 | Have you been refused admission to any professional body?  If so, provide full details. | | |  | Yes |  | No |
| 5 | Do you know of any reasons, other than those noted above, that may affect your fitness to hold a practising certificate?\*  If so, provide full details. | | |  | Yes |  | No |
|  | \* Examples may include:   * Other than in the ordinary course of business, you have been dismissed, or been asked to resign and resigned from, your place of employment, a position of trust, a fiduciary appointment or another similar office or position * You have been made insolvent or entered into a similar process for the benefit of creditors * You have failed to comply with a court order for payment * You have been disqualified from acting as a director * You have been associated as a director or controller in a body corporate which has, during your association, been wound up or otherwise ceased trading in circumstances where, except for compromise agreements, the 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 * You have been subject to adverse findings in a formal investigation relating to actuarial issues by any regulatory authority (including but not limited to the PRA, FCA, TPR, Lloyd’s in its regulatory role and Her Majesty’s Revenue and Customs) | | | | |  |  |
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| Section 4 | | | | | | | | |
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| A. For Part 1 and Part 2 separately, please provide details of specific work carried out during the last year that demonstrates your continued recent and relevant experience of the technical criteria in the London or Lloyd’s Markets, and your role in developing that work and delivering it to the user, such that you can demonstrate that you have the appropriate knowledge and relevant experience to sign opinions for Lloyd’s syndicates.  **Please ensure that you provide complete information as to your experience. The Practising Certificates Committee may reject applications which do not provide sufficient evidence of experience. In the event of the Practising Certificates Committee requiring further information, such information should be provided by re-completing this section. The Practising Certificates Committee will consider at most one re-submission.**   * **Number of Syndicate Actuary Opinion appointments held during the year:** * **Number of other Lloyd’s syndicates where you provided primary support to the Syndicate Actuary during the last year:**   **Part 1**  Setting or reviewing reserves in a Lloyd’s Syndicate or the Corporation of Lloyd’s (please clarify whether the experience is setting or reviewing, and clarify what any reviewing work consisted of). Please include details of specific work carried out in the following areas:   * Carrying out calculation of claim and premium projections * Taking responsibility of selection of key assumptions and methodologies used in the calculation * Presenting the results to and responding to challenge from senior management   **Part 2**  Experience gained in the Lloyd’s or London Market in other core actuarial function activity – reserving, pricing, capital setting or reinsurance (purchasing or pricing). Please include:   * Description of the role(s) undertaken * Responsibilities of the roles(s) undertaken * Description of the types/class/volume of business covered   (Please use extra sheet if required) | | | | | | | | |
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| B. If you have any alternative experience you wish to be considered, please describe it here including why the Practising  Certificates Committee should consider it as relevant technical work in relation to the granting of a Lloyd’s Certificate.  I have alternative experience I wish the PCC to consider as part of my application. | | | | | | | | |
| Section 5 | | | | | | | |
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| 1 | I have read the current version of the Actuaries’ Code and understand and will comply with it and all other relevant professional standards and guidance. | | | | | | |
| 2 | I have read the PC Scheme and I have the appropriate knowledge and relevant practical experience to sign opinions for Lloyd’s syndicates. | | | | | | |
| 3 | I have been candid and truthful in all communications with regulatory bodies including, but not limited to, the FCA, the PRA,The Pensions Regulator and Her Majesty’s Revenue and Customs. | | | | | | |
| 4 | I confirm that:  I will comply with the CPD requirements of the Institute and Faculty of Actuaries  I am participating in the QAS CPD Scheme and I will therefore comply with the policies and procedures in relation to my development and training as set by my employer | | | | | | |
| 5 | The information provided in this application is complete and correct to the best of my knowledge and I understand that supplying false information may result in the refusal of my application and/or disciplinary action. | | | | | | |
| 6 | I have no objection to my name being included in a listing of certificate holders that will be published on the Institute and Faculty of Actuaries’ website. | | | | | | |
| 7 | I will manage my workload in order to have the time and resources required to carry out any reserved activities I am commissioned to do in the next 12 months. | | | | | | |
| 8 | I have read APS X2 and include in this application form a signed copy of the appropriate APS X2 attestation. | | | | | | |
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| The Institute and Faculty of Actuaries reserves the right to verify any and all of the information supplied by an applicant. Where it comes to the attention of the Institute and Faculty of Actuaries that any of the information supplied by the applicant is false, the application may be refused and the matter may result in disciplinary action. | | | | | | | |
| Payment of £910.00 is being made by (tick which applies)   |  |  | | --- | --- | | **BACS** | **Credit/Debit Card** |   (Please see details on page 6 for payment information) | | | | | | | |
| Signed: | |  | Date: | | | | |
|  | | | | | | | |
| The IFoA will now be issuing Practising Certificates by e-mail.  If you would prefer a hard copy certificate to be issued to your preferred address on our records, please tickhere:  **Attestation by the Practising Certificate holder**  To the Secretary of the Practising Certificates Committee of the Institute and Faculty of Actuaries:  I certify that for all actuarial work I have been responsible for during the last 12 months, I have complied with the requirements of APS X2.  Signature:  Name:  (in capitals)  Name of employer:  Address:  (if applicable)  Date: | | | | | | | |

**Payment details - you can pay:**

* by **credit/debit card** – please provide your preferred telephone number and we will call you for your card details. Please tick here if you would like us to call you for your card details

Preferred telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please do not send card payment details with your application by email.** The Institute and Faculty of Actuaries will not process any written payment details by e-mail.

* by **credit/debit card** **online** – you can make payment online once your application has been received.

Please tick here if you would like to make payment online

* by **bank transfer** to the bank account below. Please ensure that you include your name and ARN in  
  the payment reference.

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| Bank details | |
| Bank Name: | National Westminster Bank plc Holborn Circus Branch |
| Bank Address: | PO BOX No 24 London EC1P 1DU |
| Account Name | Institute and Faculty of Actuaries |
| Account Number | 08671990 |
| Sort Code | 56-00-20 |
| SWIFT | NWBKGB2L |
| IBAN | GB98NWBK56002008671990 |

**How we use your personal data**

The Institute and Faculty of Actuaries (IFoA) is registered as a Data Controller under the Data Protection Act. We will use the information provided on this form to process your application, to maintain our Register of Members, and to contact you in the course of your membership. Please note that we will publish your name, address and membership details to the member only area of our website. Where you have not supplied a business address we will use your home address. If you’d rather we didn’t publish this information contact [membership@actuaries.org.uk](mailto:membership@actuaries.org.uk). In line with our Royal Charter you are not able to opt out of appearing on our Register of Members, this contains your name, status and any regulatory notes.

To find out how we use your personal data, who we share it with and when please see our privacy policy: <https://www.actuaries.org.uk/privacy-policy>

You can update your contact details and communication preferences at any time via the My Account > Your Preferences' section of the members' section online.