

**CONSENT FORM**

I authorise Experian Limited (company no. 653331) (**Experian**) to carry out all necessary enquiries and background checks to verify the information I have submitted.

By signing this I authorise them to make the relevant enquiries and take references to validate the information I have provided.

I authorise Experian to use the information obtained to compile a report and provide the results directly to the Institute and Faculty of Actuaries.

**Applicant’s name:**

**(Block capitals please)**

**Signature:**

**Date:**

**Institute and Faculty of Actuaries, Level 2 Exchange Crescent, 7 Conference Square, Edinburgh, EH3 8RA**