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| IFOA_logo_ | **CT9 exam application form**  **Bank transfer or cheque payment** |

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| *Please complete this form and return it with payment to:*  *Online Exams – Education Services Team, The Institute and Faculty of Actuaries, 1st floor, Park Central, 40/41 Park End Street, Oxford OX1 1JD, UK*  *Tel: +44 (0)1865 268207 Email:* [*education.services@act**uaries.or**g.uk*](mailto:education.services@actuaries.org.uk) | | | | | | | | |
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| **Please ensure you read the exam entry policies and procedures before completing this application.** **See** [**http://www.actuaries.org.uk/documents/exam-regulations-fellowship-and-associateship**](http://www.actuaries.org.uk/documents/exam-regulations-fellowship-and-associateship) | | | | | | | | |
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| **Personal details** | | | | | | | | |
| **Name (BLOCK CAPITALS)** | | |  | | **ARN** | |  | |
| **Company name** |  | | | | | | | |
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| **See next pages for exam dates and payment details**  Payment must be sent with the application form. Failure to do so may result in candidates not obtaining a place on a practical exam. | | | | | | | | |
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| **Additional requirements and access arrangements** | | | | | | | | |
| Please contact the Education Services Team to discuss this | | | | | | | | |
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| **I have read, understood and agree to be bound by the examination Rules and Regulations and also the Actuaries’ Code, as in force from time to time. In submitting this form I confirm I have read and understood the examination regulations and notes issued.** (Tick box to agree to the above statement). | | | | | | | | 🞎 |
| Please note: exam material may be shared with appropriate third parties to complete the exam marking process, and for audit and monitoring purposes.  Submission of this form allows the Institute and Faculty of Actuaries to publish the names of successful candidates. | | | | | | | | |
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| **Signature** | |  | | **Date** | |  | | |

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| **Please provide a 2nd choice in case your first choice is oversubscribed**  We offer places on a first come, first served basis. |
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| **Online exams**  **Full fee**  £540.00  **Reduced fee**  £320.00 – I certify that my annual income does not exceed £7,140.00 | | | |
| **Start date** | **End date** | **1st Choice** | **2nd Choice** |
| 18 February | 1 March |  |  |

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| **Payment details:** We do not invoice examination fees. | | | | | | |
|  | **Bank transfer** | **£** | | Please enter the total amount of Bank transfer  A remittance advice MUST accompany this form as proof of your payment | | |
| **Account name** | | | Institute and Faculty of Actuaries | | **IBAN** | GB98NWBK56002008671990 |
| **Account number** | | | 08671990 | | **Bank name** | National Westminster Bank PLC |
| **Sort code** | | | 56-00-20 | | **Bank address** | Holborn Circus Branch  PO Box No 204  No.1 Hatton Garden  London, EC19 1DU |
| **SWIFT** | | | NWBKGB2L | |
| **Please enter Bank transfer payment reference: Exam name and then candidate’s ARN, e.g. CT9-9000019** | | | | | | |
|  | **Cheque** | **£** | | Cheques must be made payable to: Institute and Faculty of Actuaries  **Post dated cheques will not be accepted** | | |
| **Visa, Mastercard or Amex – to be paid online in your member’s area of the website** | | | | | | |
| **Do not return this form if you are paying by card.**  **If you wish to pay by credit/debit card, please log into your member’s area and book online.** | | | | | | |