

## Application for Admission to the Cyprus Association of Actuaries

This application is subject to the Cyprus Association of Actuaries' s ("CAA") approval. The applicant will be notified within reasonable time from the Council of the CAA, as to whether his/her application has been accepted and the Membership status applicable or in case of rejection, the reasons for rejection.

The Cyprus Association of Actuaries takes data protection and privacy seriously, therefore we only request the data necessary for enrolment. In case of rejection we will delete all the data contained in this application. We will only use personal data for the purposes stated below, based on the applicant's explicit consent or when processing is necessary to perform a contractual obligation or to perform a contractual obligation or for the legitimate interests pursued except where such interests are overridden by the rights and freedoms of the data subject or as otherwise provided by the General Data Protection Regulation (EU) 216/679 ("GDPR"). Data transfers to international organisations are being made in compliance with the relevant provisions of the GDPR.

Surname or Family Name (BLOCK LETTERS)	Other Names (in full)	Mr/Mrs/Ms/Dr
Private Address (full address including postcode)		Tel:  Fax:  e-mail:
Name and address of Employer if any (full address including postcode)		Tel:  Fax:  e-mail:
Please send correspondence to my home/business* address <i>* Please delete which ever does NOT apply</i>		
Date of Birth		Occupation
D	M	Y

**Please give details of School, Colleges and Universities attended since the age of 14 and details of any professional qualifications achieved, with dates**

Name & Address of Institution	From	To	Title of examination (e.g. "A" level, "O" Level/GCSE, Degree etc.)	Subject Grade (Graduates should state whether their degrees have been awarded with honors, and, if so what class, e.g. 2nd Class Honors, Upper Division)

Please give details of employment

Name of employer	From	To	Position / Responsibilities

**DECLARATION TO BE SIGNED BY CANDIDATE:** I hereby apply for membership of the Cyprus Association of Actuaries as a (mark only one)

Fellow

Associate

Student

Date .....

Signed .....

**APPLICANT'S CONSENT AND ACKNOWLEDGEMENT FOR USE OF PERSONAL DATA**  
**(PLEASE INSERT YOUR INITIALS OR SIGNATURE NEXT TO THE DATA PROCESSES TO WHICH YOU CONSENT)**

I, the undersigned applicant, ....., hereby declare that I understand and agree to the following, upon approval of this application:

<p><b>Website use</b></p> <p>(1) I hereby give my consent to the CAA to (i) create a personal account for myself on the website and (ii) make available my name, email and membership status to all the Members of the CAA on the website, www.actuaries.org.cy.</p>	.....
<p><b>Email communication</b></p> <p>(2) I hereby give my consent to the CAA to include my above-mentioned email in their Members Mailing List and notify me via email regarding any updates, events, conferences, surveys or research purposes, any notifications concerning the profession as well as for any other related matter to the profession and the CAA, for as long as I am a registered Member of the CAA.</p>	.....
<p><b>Third Parties</b></p> <p>(3) I give my consent to the CAA to transfer all my personal data, contained in the present application, to third parties in accordance with the GDPRP's provisions. Some of them are (i) the International Actuarial Association ("IAA") or/and any of its members, (ii) the Actuarial Association of Europe ("AAE") or/and any of its members, (iii) Government Authorities or Regulatory Bodies which require information of membership for the purpose of approving a professional role for the interested member of CAA.</p>	.....
<p>(4) I give my consent to the CAA to pass all my personal data, contained in the present application for admission to the CAA, to any Cypriot Regulatory Body, including the Provident Fund Registrar and the Insurance Companies Control Service ("ICCS"), upon request.</p>	.....

If, at any time, you wish to withdraw your consent regarding any and/or all of the processes mentioned above, object to any data processing, lodge a complaint, require access to your data, want to edit your data or need any related information, you can send us a relevant email at [info@actuaries.org.cy](mailto:info@actuaries.org.cy) or a letter at P.O. Box 23533, CY-1684 Nicosia.

**DECLARATION TO BE SIGNED BY REFEREES**

All applicants are required to have their application forms signed by three referees. The applicant should, so far as can be judged by the referees, be a person suitable for membership of a professional body who could be relied upon to maintain the standards of the Association. Members of an applicant's own family cannot be accepted as referees.

One of the referees must be a person of some standing, e.g. a university professor or lecturer, minister of religion, doctor, lawyer or other professionally qualified person, who has known the applicant personally for at least two years. The other two referees must be fellows of the Cyprus Association of Actuaries or in special circumstances fellows of other IFAA full member associations who know the applicant well professionally. One of the referees must not be from the same company as the applicant.

For student applicants only two referees are required who must be persons of some standing but need not be actuaries.

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**Referee A** : I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a member of the Cyprus Association of Actuaries.

*Signature* ..... *Date* .....

*Name (IN BLOCK LETTERS)* .....

*Address* .....

.....

*Occupation or Status* .....

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**Referee B** : I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a member of the Cyprus Association of Actuaries.

*Signature* ..... *Date* .....

*Name (IN BLOCK LETTERS)* .....

*Address* .....

.....

*Occupation or Status* .....

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**Referee C** : I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a member of the Cyprus Association of Actuaries.

*Signature* ..... *Date* .....

*Name (IN BLOCK LETTERS)* .....

*Address* .....

.....

*Occupation or Status* .....

**FOR OFFICIAL USE ONLY**

Committee	Council	Record Input
Admit	Admit	