

Application for Admission to the Cyprus Association of Actuaries

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

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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

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.

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

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

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	