



# SINGAPORE ACTUARIAL SOCIETY

163 Tras Street, #07-05 Lian Huat Building, Singapore 079024

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## APPLICATION for MEMBERSHIP (AFFILIATE, ORDINARY, ASSOCIATE, FELLOW)

AFFILIATE Membership  
  ORDINARY Membership  
  ASSOCIATE Membership  
  FELLOW Membership

### PERSONAL DETAILS

Mr.    Ms.    Mrs.    { Others: Dr.    Prof.  }

**Name of Applicant** : \_\_\_\_\_  
*(Please underline surname)*

**Identity Card / Passport No. \*** : \_\_\_\_\_   **Date of Birth** :   -   -      
*(\* Please delete as appropriate.)*   D D M M Y Y Y Y

**Nationality** : \_\_\_\_\_   **Sex** :   M    F

**Home Address** : \_\_\_\_\_

**Home Telephone No.** : \_\_\_\_\_   **Postal Code** : \_\_\_\_\_

**Handphone** : \_\_\_\_\_

**Email Address** : \_\_\_\_\_  
*(either Home or Office)*

### EMPLOYMENT DETAILS

**Employer** : \_\_\_\_\_

**Designation** : \_\_\_\_\_   **Occupation** : \_\_\_\_\_

**Office Address** : \_\_\_\_\_

**Office Telephone No.** : \_\_\_\_\_   **Office Fax No.** : \_\_\_\_\_

### PROFESSIONAL QUALIFICATION DETAILS

Membership of **Recognised Actuarial Association** (please see over) : You may tick more than one box.  
 (Application for Affiliate Membership does not need to fill in this section.)

Body	<input type="checkbox"/> IOA / FOA (UK)	<input type="checkbox"/> IAAust (Australia)	<input type="checkbox"/> SOA (USA)	<input type="checkbox"/> CAS (USA)	<input type="checkbox"/> CIA (Canada)	<input type="checkbox"/> Others (Body/ Membership Class):
Membership Class	<input type="checkbox"/> Fellow	<input type="checkbox"/> Fellow	<input type="checkbox"/> Fellow	<input type="checkbox"/> Fellow	<input type="checkbox"/> Fellow	<input type="checkbox"/> _____
	<input type="checkbox"/> CERA	<input type="checkbox"/> CERA	<input type="checkbox"/> CERA	<input type="checkbox"/> CERA	<input type="checkbox"/> Associate	<input type="checkbox"/> _____
	<input type="checkbox"/> Associate	<input type="checkbox"/> Associate	<input type="checkbox"/> Associate	<input type="checkbox"/> Associate	<input type="checkbox"/> Student	<input type="checkbox"/> _____
	<input type="checkbox"/> Student	<input type="checkbox"/> Student	<input type="checkbox"/> Student	<input type="checkbox"/> Student	<input type="checkbox"/> _____	<input type="checkbox"/> _____

I declare that I obtained my membership status in the above Association upon passing or receiving exemptions from one or more professional examinations set by the said Association, and not by means of a mutual accreditation arrangement.

If you have not completed all the Examinations of the Association, please give the Examinations passed.  
 (in Alphabetical and/or Numerical order, please - Course or Subject Code is sufficient)


I declare that I have not been convicted in a court of law in any country and that I have never been declared a bankrupt (discharged or otherwise).

I hereby apply for membership of the Singapore Actuarial Society. I declare that all the above statements given are true and complete.

**Date** : \_\_\_\_\_   **Applicant's Signature** : \_\_\_\_\_

**Signature** : \_\_\_\_\_   **Signature** : \_\_\_\_\_

**Name of Proposer #** : \_\_\_\_\_   **Name of Secondor #** : \_\_\_\_\_

**Date** : \_\_\_\_\_   **Date** : \_\_\_\_\_

**SINGAPORE ACTUARIAL SOCIETY  
CONSTITUTION (Revision March 2011)  
DEFINITIONS OF MEMBERSHIP CLASSES**

**Recognised Actuarial Associations**

The Society recognises the following actuarial associations principally for the purposes of admission into the Society, and these associations shall be called Recognised Actuarial Associations for the purposes of this Constitution:

- 1) Institute and Faculty of Actuaries, United Kingdom
- 2) Society of Actuaries, United States of America
- 3) Institute of Actuaries of Australia
- 4) Canadian Institute of Actuaries
- 5) Casualty Actuarial Society, United States of America

Persons may be admitted into the Society in one of the 5 classes:

**Fellows:** comprising Fellows of Recognised Actuarial Associations who have attained Fellowship of such Recognised Actuarial Associations by passing or being exempted from examinations, and fulfilling any other requirements, set by that Recognised Actuarial Association and not solely by accreditation through mutual recognition arrangements with other actuarial associations, or a Fellow of any other actuarial association which is a Full Member of the International Actuarial Association, who has been assessed by the Council as possessing the appropriate professional actuarial qualifications, practical experience and other criteria as may be deemed necessary by the Council.

A Fellow shall be entitled to vote, make nominations and stand for Council.

**Associates:** comprising Associates of the Society of Actuaries and members of other Recognised Actuarial Associations who have attained such equivalent level as determined by the Council, by passing or being exempted from examinations, and fulfilling any other requirements, set by that Recognised Actuarial Association and not solely by accreditation through mutual recognition arrangements with other actuarial associations or a Fellow of any other actuarial association which is a Full Member of the International Actuarial Association.

An Associate shall be entitled to vote, to make nominations and stand for Council.

**Ordinary:** comprising all other members who have passed or been exempted from at least one examination of one of the Recognised Actuarial Associations (or such other professional or educational bodies as may be approved by the Council).

An Ordinary Member shall not be entitled to vote, to make nominations or stand for election to the Council.

**Affiliate:** comprising individuals, approved by the Council, who do not have any actuarial qualification and are not studying towards an actuarial qualification but where mutual benefit to the individual and to the Society would be realised through membership.

An Affiliate Member shall not be entitled to vote, to make nominations or to stand for election to Council.

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**FOR SECRETARIAT USE**

**Name of Applicant :** \_\_\_\_\_

Application Approved :

Application Declined / Deferred :

Reason : \_\_\_\_\_

Class of Membership :  Fellow

Associate

Ordinary

Affiliate

**Approval Date :** \_\_\_\_\_

**Signature :** \_\_\_\_\_

Name : \_\_\_\_\_  
(Honorary Secretary)

Member of the International Actuarial Association