|  |  |
| --- | --- |
| **FULL RENEWAL PRACTISING CERTIFICATE (PC) APPLICATION FORM** | |
| **Please select the Practising Certificate(s) you are renewing:** | |
| **Chief Actuary (Life)** | **Lloyd’s Syndicate Actuary** |
| **Chief Actuary (non-Life without Lloyd's)** | **With-Profits Actuary** |
| **Chief Actuary (non-Life with Lloyd's)** | **Scheme Actuary** |
| **Chief Actuary (Life, Non-Directive)** | |
|  | |
| **If you have any questions please email the** [**PC Team**](mailto:practising.certs@actuaries.org.uk)**.** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Your details** |  | **1.1 ARN** | |
| Click here to enter your ARN. | |
|  | |
| **1.2 Full name** | |
| Click here to enter full name. | |
|  | |
| **1.3 Name of employer** | |
| Click here to enter the name of your employer. | |
|  | |
| **1.4 Preferred email address** | |
| Click here to enter your preferred email address. | |
|  | |
| **1.5 Please provide details of any roles that you hold relevant to the PC(s) you are renewing** | |
| Click here to enter details. | |
|  | |
|  | |
| **Please note: take the time to check your contact details at the Members’ area of the IFoA website to ensure we have the correct details for you.** | |
|  |
| **2. Disclosures** |  | **2.1 Disclosures** | |
| **Do you know of any reasons that may affect your suitability to continue to hold a PC?** | Yes/No |
| *If yes, please provide full details*  Click here to enter details. | |
|  | |
| **Please note: check the** [**PC Handbook**](https://www.actuaries.org.uk/documents/practising-certificates-handbook) **for more information on the types of information we would expect to see disclosed in this section.** | |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. Demonstration of competencies** |  | **PLEASE NOTE**  **Read the** [**PC Handbook**](https://www.actuaries.org.uk/documents/practising-certificates-handbook) **and the relevant Competency Framework for the PC(s) which you are renewing before completing this section.**  **Under each of the competencies, you should provide details to explain how you continue to meet each of the competencies set out in the relevant Competency Framework.**  **If you are applying for more than one PC, please ensure you provide information relevant to each PC type by indicating which PC the information relates to.**  **This section of your application may be shared with the Practising Certificates Committee. It would therefore be helpful if you could try to avoid providing details that could allow you, your employer or the entity/syndicate/scheme you are describing to be identified.** | | |
|  | | |
| **3.1 Communication** | | |
| Click here to enter details. | | |
|  |  |  |
| **3.2 Leadership/Accountability** | | |
| Click here to enter details. | | |

|  |  |  |
| --- | --- | --- |
|  |  | **3.3 Professionalism** |
| Click here to enter details. |
|  |
| **3.4 Knowledge, awareness and understanding** |
| Click here to enter details. |
|  |
| **3.5 Technical skills** |
| Click here to enter details. |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Declarations** |  | **4.1 CPD requirements** | |
| I confirm that:    I will comply with the CPD requirements of the IFoA  I am participating in the QAS CPD Scheme and therefore exempt from the CPD requirements of the IFoA | |
|  | |
| **4.2 Declarations** | |
| I have read the current version of the Actuaries’ Code and understand and will comply with it and all other relevant professional standards and guidance. | |
|  |
| I have been candid and truthful in all communications with regulatory bodies including, but not limited to, the FCA, the PRA, The Pensions Regulator and His Majesty’s Revenue and Customs. | |
|  |
| The information provided in this application is complete and correct to the best of my knowledge and I understand that supplying false information may result in the refusal of my application and/or disciplinary action. | |
|  |
| I will manage my workload in order to have the time and resources required to carry out any reserved activities I am commissioned to do in the next 12 months. | |
|  |
| I have read and complied with the requirements of APS X2 | |
|  | | | |
| The Institute and Faculty of Actuaries reserves the right to verify any and all of the information supplied by an applicant. Where it comes to the attention of the Institute and Faculty of Actuaries that any of the information supplied by the applicant is false, the application may be refused and the matter may result in disciplinary action. | | | |

|  |  |  |
| --- | --- | --- |
| **5. Payment** |  | **5.1** |
| I confirm that payment of £1,095.00 is being made by:    Credit/debit card online (instructions on how to pay will be sent once your application has been reviewed)  Credit/debit card over the phone – Click here to enter your preferred telephone number  Bank transfer to the bank account details [provided](https://actuaries.org.uk/standards/practising-certificates/new-practising-certificates-scheme/) |

|  |  |  |
| --- | --- | --- |
| **6. Signature** | | |
| **Signed** | | Click here to enter your name. |
| **Date** | Click here to enter a date. | |
| Please return your completed application form to the [**PC Team**](mailto:practising.certs@actuaries.org.uk)**.** | | |
|
|

|  |
| --- |
| **How we use your personal data**  The information you supply in this form will be used to process your application for a Practising Certificate. Your data will be held securely and in line with applicable privacy laws.  If you hold a Practising Certificate your entry on the public register of IFoA members (‘Actuarial Directory’) will be updated to reflect this. |