

Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
Manila

APPLICATION FOR REGISTRATION AS ACCREDITED ACTUARY
(Under Chapter IV, Title 6 of the Insurance Code)

1. Name _____
2. a) Business Address _____
b) Residence Address _____
Tel. No. _____
3. Sex _____ Civil Status _____
Date of Birth _____ Place of Birth _____
4. Citizenship _____ *(If a naturalized citizen of the Philippines, give date and place of naturalization and attach photostatic copy of certificate of naturalization. If an alien, submit Alien Certificate of Registration.)*

5. Have you ever been dishonorably discharged from any position of employment?
_____ If yes, state particulars. _____
6. Academic preparation:

Schools Attended	From	To	Titles/Degrees Earned

7. Are you a Fellow of good standing of the Actuarial Society of the Philippines? _____
If yes, state date accepted as Fellow. _____
8. Are you a member of good standing of other actuarial societies? _____
If yes, state name of society and classification of membership. _____

9. Present employment:
 - a) Position _____
 - b) Name of Employer _____
 - c) Address of Employer _____
 - d) Tel. No. _____

10. Entities under the supervision of this Commission for which applicant proposes to do actuarial certifications:

Name	Address

11. Previous employment: (For the last 10 years up to the date of this application)

Inclusive Dates From - To	Name of Employer	Where	In What Capacity	Reason for Leaving

12. Have you filed your ITR for the preceding year? _____ If yes, attach proof of such filing, otherwise, give reason for not filing. _____
13. Previous IC Registration No. _____ paid under OR No. _____ on _____ period covered _____.
14. References:

Name	Occupation	Post Office Address
1.		
2.		
3.		
4.		

Applicant
TIN _____
PTR No. _____

AFFIDAVIT OF VERIFICATION

Republic of the Philippines)
Province/City of _____)S.S.

I, _____, being duly sworn, depose and state that I am the person in and who signed the foregoing application, that I know that the contents thereof and the statements made and answers to questions therein are true and correct.

Applicant-Affiant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 200____, applicant-affiant exhibiting to me his/her Community Tax Certificate No. _____ issued on _____, 200____ at _____.

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of 200_____