

Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
Manila

APPLICATION FOR REGISTRATION AS ACCREDITED ACTUARY

Type of Application

- a) New b) Renewal

Application for Accreditation

- a) Life Actuary b) Non-Life Actuary c) Pre-Need Actuary

To the Insurance Commissioner:

The undersigned hereby applies for registration as Accredited Actuary and states the following information.

1. Name: _____
2. a) Business Address: _____
Tel. No.: _____
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. Are you an Associate¹ or Fellow of good standing of the Actuarial Society of the Philippines (ASP)? _____ If yes, state date accepted as an Associate or Fellow. _____.
6. Are you a member of good standing of other actuarial societies? _____ If yes, state name of society and classification of membership. _____
7. Companies presently connected.

Company	Position/Designation	Date of Appointment

¹ Associate is applicable only to Non-Life Actuary until December 31, 2017

8. Entities under the supervision of this Commission for which applicant proposes to provide actuarial services/certifications:

Name	Address

9. Previous employment: (For the last 3 years up to the date of this application)

Inclusive Dates	Name of Employer	Address	In What Capacity

10. Previous IC Registration No. _____ (if any)
 Date of Registration _____ period covered _____.

11. References:

Name	Occupation	Address/Contact Number
1.		
2.		
3.		

12. Have you filed your ITR for the preceding year? _____. If, yes, attach proof of such filing, otherwise, give reason for not filing. _____.

13. The following requirements are attached to support this application.

- a. Certificate of Good Standing from ASP and other equivalent actuarial society;
- b. Copy of Professional Tax Receipt;
- c. Copy of Income Tax Receipt, if any;
- d. Copy of previous Accreditation, if any;
- e. Written acquiescence from present employer; (Section 347 of the Amended Insurance Code)
- f. Documentary Stamp (Php15.00);
- g. Licensing Fee:
 - i. For Life: Php 45,000 plus LRF of 1% valid for 3 years;
 - ii. For Non-Life: Php 45,000 plus LRF of 1% valid for 3 years;
 - iii. For Pre-Need: Php 15,000.00 plus LRF of 1% yearly; and
- For Accreditation as Non-Life Actuary
- h. Certificate of Completion of Basic Non-life Insurance Course and other proofs (CL Nos. 15-33 & 2015-33-A).

 Applicant

TIN _____

PTR No. _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____,
20_____, applicant-affiant exhibiting to me his/her Community Tax Certificate No.
_____ issued on _____, 20____ at _____.

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____