

Actuarial Society of Nepal

Regd. No.: 218769/75/076 PAN No.: 609571390 Address: Durbar Marga-1, Kathmandu Phone: +977 9864459703 Email: info@actuariesnepal.org Website: www.actuariesnepal.org

Membership Application Form

Category of Membership:	Types of Applications:
FELLOW ASSOCIATE	New Membership Change in Status
ORDINARY HONORARY	Reinstatement of Status
Part I: PERSONAL DETAILS	
Full Name (Mr/Mrs/Ms/Miss/Dr/Prof)	
Date of Birth (dd/mm/yyyy)	Gender: M F
Nepalese Residency Status: Citizen	Resident ¹ Other
Email address:	Contact no:
Preferred contact address:	
Preferred contact address:	
Part II: EMPLOYMENT DETAILS (if applicable)	
Part II: EMPLOYMENT DETAILS (if applicable) Employer (full name of the company):	
Part II: EMPLOYMENT DETAILS (if applicable) Employer (full name of the company): Designation:	Occupation:
Part II: EMPLOYMENT DETAILS (if applicable) Employer (full name of the company): Designation: Practice Area (please see page 3):	Occupation:Other:
Part II: EMPLOYMENT DETAILS (if applicable) Employer (full name of the company): Designation: Practice Area (please see page 3): Part III: PROFESSIONAL QUALIFICATION DETAIL	Occupation: Other: ILS (if applicable)
Part II: EMPLOYMENT DETAILS (if applicable) Employer (full name of the company): Designation: Practice Area (please see page 3):	Occupation:Other:

 $^{^{1}}$ Residency is defined based on the definition used for tax purposes in accordance with the Nepalese regulations.

ACTUARIAL SOCIETY OF NEPAL

Applicants for Fellow and Associate Member status are required to provide a certified true copy of the membership certificate(s). Applicants for Student Member status are required to provide a certified true copy of the examination results notice(s) and indicate examination(s) passed.

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.

Other Professional Qualifications (e.g. CA):				
Me	lembership Class:	Year of qualification:		
Pa	art IV: EDUCATION QUALIFICATION / ACADEMIC	C DETAILS		
Un	niversity/ Institute:			
Со	ourse (Bachelor/Masters/Doctorate/Postgraduat	te diploma:		
Ye	ear Enrolled: Year of Gra	Year of Graduation / Expected Year of Graduation:		
Pa	art V: DECLARATION			
۱d	declare that,			
 3. 4. 5. 	respect of my professional capacity. 3. I give consent to the Actuarial Society of Nepal ("the Society") to use of my preferred contact address (as provided to the Society) for receipt of information from the Society. 4. Once my application is accepted by the Society, I agree to abide by the Articles of Association as well as any other Rules and Regulations as issued by the Society.			
	Applicant Name (in full) & Signature	Date		
P	Please complete the following:			
H	have enclosed certified copies of all education c	ertificates referred to in the application		
	have made a payment for the registration fee (it subscription fee for the category of membership			
H	have signed and dated the applicant's declaration	on		

ACTUARIAL SOCIETY OF NEPAL

Please complete this form and return it to: The Actuarial Society of Nepal, Beena Marg, Durbar Marg, Kathmandu.

Recognised Actuarial Associations

The Society recognizes the following actuarial associations principally for the purpose of admission into the Actuarial Society of Nepal:

- 1. Institute and Faculty of Actuaries (UK)
- 2. Society of Actuaries (USA)
- 3. Institute of Actuaries of Australia
- 4. Canadian Institute of Actuaries
- 5. Casualty Actuarial Society (USA)
- 6. Institute of Actuaries of India

Any other actuarial association may be recognised for this purpose for recognition by the Council and approved at a general meeting held to decide on the proposal.

Practice Area

- 1. Life Insurance
- 2. General Insurance
- 3. Health Insurance
- 4. Risk Management
- 5. Banking
- 6. Regulatory
- 7. Other Finance
- 8. Education