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|  | **Registration as an Actuarial Analyst Candidate**  *THIS FORM IS FOR US DOLLARS (USD) PAYMENTS ONLY* |

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| *Please complete this form and return it via email to:* [*enquiries@caa-global.org*](mailto:enquiries@caa-global.org)  *CAA administration team, C/O The Institute and Faculty of Actuaries, 1st Floor, Park Central, 40/41 Park End Street, Oxford, OX1 1JD, UK. Tel: +44 (0)1865 268266*  **Notes**   * **You need to pass or have an exemption for Module 0 before you can register with CAA Global as an Actuarial Analyst Candidate.** * **Your registration needs to be completed before you can sit further CAA exams** * **If you are applying for exemptions you must provide proof of all exam passes with your application and include the fees in the total paid**. * **In completing and submitting this form, you agree to adhere at all times to the terms and conditions which accompany this registration form.**   Please **TYPE** allyour details in this form where possible, but note that all signatures must be handwritten, electronic signatures are accepted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section 1 – Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please give your Analyst Reference Number (ARN)** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Personal details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title** | Mr  Mrs  Miss  Ms  Dr | | | | | | | | | | | | | | **Other (please specify)** | | | | | | | | | | |  | | | | | | | |
| **First name** |  | | | | | | | | | | **Middle name(s)** | | | | | | | | |  | | | | | | | | | | | | | |
| **Family name** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | Male  Female  Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of birth** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | D | D |  | M | M |  | Y | Y | Y | Y | |  |  | / |  |  | / |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telephone number** | | **Country code** | | | | |  | | | | **Area/City code** | | | | |  | | | | | | **Number** | | | | |  | | | | | | |
| **Mobile number** | | **Country code** | | | | |  | | | | **Area/City code** | | | | |  | | | | | | **Number** | | | | |  | | | | | | |
| **Personal email address**  **(please print very clearly)** | |  |  |  |  |  | |  |  |  | |  |  |  | | |  |  |  | |  | |  |  |  | |  |  |  |  |  |  |  |
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| **Address details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you fail to provide a current correspondence address, telephone number and email address (in clear typing or handwriting) this will result in the application being returned to you.  This may cause delay if you wish to undertake the forthcoming examinations.  **Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Current residential address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Postal city/town** |  | | | | | | | | | | | | | **Postcode** | | | | | | | |  | | | | | | | | |
| **County/State** |  | | | | | | | | | | | | | **COUNTRY** | | | | | | | |  | | | | | | | | |
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| **Telephone number** | **Country code** | | | | |  | | | | **Area/City code** | | | |  | | | | | **Number** | | | | |  | | | | | | |
| **Mobile number** | **Country code** | | | | |  | | | | **Area/City code** | | | |  | | | | | **Number** | | | | |  | | | | | | |
| **Personal email address**  **(please print very clearly)** |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |
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| **Employment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If you are currently unemployed or a full time student please tick here, and then go to page 4 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **Company name** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position/Job title** |  | | | | | | | | | | | | | **Department** | | | | | | |  | | | | | | | | |
| **Company address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Postal city/town** |  | | | | | | | | | | | | | **Postcode** | | | | | | |  | | | | | | | | |
| **County/State** |  | | | | | | | | | | | | | **COUNTRY** | | | | | | |  | | | | | | | | |
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| **Telephone number** | **Country code** | | | | |  | | | | **Area/City code** | | | |  | | | | | **Number** | | | |  | | | | | | |
| **Company email address**  **(please print very clearly)** |  |  |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
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| **For those who are employed you must tick the appropriate box below to indicate your Employer type, your Main work area and your Specialist work area**  **Please only tick one box per section** | | | | |
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| **A Employer type** |  |  | **C Specialist work area** |  |
| **A01** Insurance or reinsurance company |  |  | **C01** General Management |  |
| **A02** Consulting firm/business advisory firm |  |  | **C02** Client Advice/Consultancy |  |
| **A03** Investment Manager |  |  | **C03**  Marketing |  |
| **A04**  Investment bank |  |  | **C04**  Pricing & Product Development |  |
| **A05** Retail bank or building society |  |  | **C05**  Reserving/Valuation |  |
| **A06** Public service |  |  | **C06** Risk Management |  |
| **A07** Education |  |  | **C07**  Investment Analysis |  |
| **A08**  Other financial company |  |  | **C08** Investment Management |  |
| **A09**  Other company (non-financial) |  |  | **C09** Investment Trading |  |
|  |  |  | **C10** Corporate Strategy |  |
|  |  |  | **C11** Provision of Finance |  |
| **B Main work area** |  |  | **C12** Technical Support |  |
| **B01** Pensions and Employee Benefits |  |  | **C13**  Research |  |
| **B02**  Life Insurance |  |  | **C14** Regulation |  |
| **B03**  Health & Care Insurance or advice |  |  | **C15** Education |  |
| **B04**  General Insurance |  |  | **C16**  Other Actuarial |  |
| **B05** Investment Management |  |  | **C17** Other non-actuarial |  |
| **B06** Investment Banking |  |  |  |  |
| **B07** Education |  |  |  |  |
| **B08**  Information Technology |  |  |  |  |
| **B09**  Other Actuarial |  |  |  |  |
| **B10** Other non-actuarial |  |  |  |  |
| **B11** Enterprise risk management |  |  |  |  |

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| **Section 2 – Education and qualifications** | | | | | | | | | | | | | |
| Please give your full education history with the qualifications awarded. | | | | | | | | | | | | | |
| **CAA examinations** | | | | | | | | | | | | | |
| **Date of passing Module 0** | | **Month** |  | | | | **Year** | |  | | | | |
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| **Other qualifications** | | | | | | | | | | | | | |
| **Please give details of other qualifications you have completed** | | | | | | | | | | | | | |
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| **School education** | | | | | | | | | | | | | |
| **School attended  (give full name and town)** | | | | **A level (or High School equivalent):**  **Subject name** | | | | | | | **Grade** | | **Date achieved** |
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| **University education** | | | | | | | | | | | | | |
| **Level** | Honours Degree | | | | | Ordinary Degree | | | | | | | |
| **Grade** | 1st | | | | 2.1 | | | 2.2 | | | | 3rd | |
| **University attended** |  | | | | | | | | | | | | |
| **Subject studied** |  | | | | | | | | | | | | |
| **Date of graduation** |  | | | | | | | | | | | | |
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| **Level** | Doctorate | | | | | Masters | | | | Postgraduate diploma | | | |
| **University attended** |  | | | | | | | | | | | | |
| **Subject studied** |  | | | | | | | | | | | | |
| **Date of graduation** |  | | | | | | | | | | | | |

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| **Section 3 – Exemptions you are applying for** |
| You can apply for exemptions from exam modules on the Certified Actuarial Analyst qualification pathway if you:   * **Have passed exams with either the Society of Actuaries, Institute and Faculty Actuaries or the Actuarial Society of South Africa as detailed in the table below.**   If you are applying for exemptions you must provide proof of the relevant exam pass letter/s with your application. Via |

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| I wish to apply for the following exemptions: *please tick the appropriate boxes* | | | |
|  | SOA exams | IFoA exams | ASSA exams |
| Module 0 | Any one SOA exam | Any one of CM1, CS1 or CS2 | A2111 and A213  or A111, A212 |
| Module 1 | Financial Mathematics (FM) Exam | Actuarial Mathematics CM1 | Financial Mathematics A211 and Contingencies A213 |
| Module 2 | Probability (P) Exam and Construction & Evaluation of Actuarial Models (C) Exam | Actuarial Statistics CS1 or Risk Modelling and Survival Analysis CS2 | Actuarial Statistics A111 and Risk Modeling and Survival Analysis A212 |
| Module 3 | Models for Life Contingencies (MLC) Exam | Actuarial Mathematics CM1 | Financial Mathematics A211 and Contingencies A213 |
| Module 4 | Construction & Evaluation of Actuarial Models (C) Exam and Fundamentals of Actuarial Practice (FAP) | Financial Engineering and loss reserving CM2 and Modelling and Survival Analysis CS2 | Risk Modeling and Survival Analysis A212 and Loss Reserving and Financial Engineering A214 |
| Module 5 | Fundamentals of Actuarial Practice (FAP) | Modeling practice CP2 |  |
| OPAT | Associateship Professionalism Course (APC) | Online Professional Awareness Test (OPAT) |  |

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| **Section 4 – Method of payment** | | |
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| **Entrance fee** | USD $105 full rate, $63 reduced rate | This is a one-off payment payable on initial application. |

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| **Current fees for exemptions (please include your exemption fee/s in the total amount paid)** | |
| Module 0 | $96.00 |
| Module 1 | $164.00 |
| Module 2 | $164.00 |
| Module 3 | $164.00 |
| Module 4 | $164.00 |
| Module 5 | $249.00 |
| OPAT | $60.00 |

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| **Payment details** | | | | | |
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| You must ensure that your entrance and exemption fees accompanies this form and that any bank charges are paid at the time of transfer, as we must receive the full payment fee. If we don’t receive the correct payment, your application will be delayed until we receive the outstanding balance.  **CAA Global accept no responsibility for any loss or interception of this information during transmission by any medium.** | | | | | |
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|  | **Bank transfer** | | **USD $** | | |
| A remittance advice must accompany this form as proof of your payment | | | | | |
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| **Account name** | | CAA Global Ltd | | **IBAN** | GB96NWBK60730127684989 |
| **Account number** | | 140/00/27684989 | | **Bank name** | National Westminster Bank PLC |
|  | |  | | **Bank address** | Holborn Circus Branch  PO Box No 204  No.1 Hatton Garden  London, EC19 1DU |
| **SWIFT/BIC** | | NWBKGB2L | |
| **Please enter Bank transfer payment reference. Your reference should use the format:**  **Date of birth – surname, and should end with the code CAA**  **Eg: 30/09/1990 – Smith – CAA/GBP** | | | | |  |
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| **To pay by Visa, MasterCard, Amex** | | | | | |
| **We will acknowledge receipt of your application and email you once it has been processed, an invoice will be placed in your online account for payment.** | | | | | |

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| **Application for a reduced rate exams** | | | |
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| I would like to apply for reduced rate exam fees for my future modules.  I certify that my annual income, from all sources does not exceed the threshold below.  (Earnings include income from all sources, including pension income.) | | | |
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| **CAA** | **Total earnings must not exceed** | **Tick to confirm** |
| Candidate | $3,742 |  |
|  | | | |
| I agree to inform CAA global if my situation should change | | | |
| **Please note**: Evidence of your annual income may be requested by the CAA Global at any time | | | |
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| **Section 5 – The applicant’s signature** | |
| **This section must be signed by applicant.**  In submitting this form I confirm I have read, understood and agree to be bound by the [Terms and conditions](https://www.caa-global.org/welcome-caa-global/how-to-qualify/terms-and-conditions/) below. In particular, I confirm that I have understood and give my explicit consent to my personal information being processed in accordance with paragraph 10 of the [Terms and Conditions](https://www.caa-global.org/welcome-caa-global/how-to-qualify/terms-and-conditions/) on our website. | |
| **Name of applicant (BLOCK CAPITALS)** |  |
| **Signature** |  |
| **Date** |  |