

Application Form for the Admission to the Actuarial Society of Tanzania (AST)



The completed form should be returned either physically or by electronic mail to:

Admissions Committee – The Actuarial Society of Tanzania, Acacia Estates Offices, Plot no. 84 Kinondoni Road, Kinondoni, Dar es Salaam, Tanzania.

Telelphone:+255685075522; E-mail: admissions.ast@gmail.com

NOTES

* Admission can take some time to process, subject to the due diligence procedure. You are advised to mail your application early to avoid delays in response.
* This form MUST be accompanied by supporting documents as outlined in each section, and ALL sections of the form must be completed in full. Failure to do either of the aforementioned will halt the admission process, result to the application returned to you.
* Correspondence with you will mainly be done by email, therefore ensure that you write the correct email address.

Please TYPE all the responses in this form. However, ALL signatures must be handwritten

To be filled by AST official Registration number:



SECTION I: INSTITUTION DETAILS



|  |  |
| --- | --- |
| Company Name |  |
| Registration Number |  |
| Tax Payer’s Number |  |
| Business License Number |  |



ADDRESS DETAILS



|  |  |
| --- | --- |
| Physical Address |  |
| Postcode |  | City |  |
| Telephone |  | Mobile |  |
| Email |  |

SECTION II: PROOF OF LEGAL STATUS



Please submit certified copies of the following documents as proof of legal status:

* Certificate of incorporation
* Tax Payer’s Registration Certificate
* Valid Business License

SECTION II: PARTICULARS OF PRINCIPAL ACTUARY



|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr. |  | Mrs |  | Miss |  | Dr | Others(Specify) |  |
| Family Name |  |
| First name |  | Middle Name(s) |  |
| Gender  | Male |  | Female |  |
| Date of Birth | D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Company Name |  |
| Physical Address |  |
| Postcode |  | City |  |
| Telephone |  | Mobile |  |
| Email |  |

|  |  |  |
| --- | --- | --- |
| Academic Qualification(Highest Level of Education) | Name of Degree Program |  |
| Name of University |  |
| Year Completed |  |
| Professional Qualification | Name of the Qualification |  |
| Name of the Professional Body |  |
| Year of Qualification |  |
| Area of Specialization |  |
| Work Experience(Number of Years of Work Experience and summary of projects accomplished) |  |

Please submit certified copies of academic, professional qualification, and AST membership of the Principal Actuary

SECTION III: MEMBERSHIP FEES



NOTES

* The Actuarial Society of Tanzania accepts no responsibility for any loss or interception of payment information during transmission by any medium. Any application submitted without proof of payment of necessary fees will not be processed.
* An excerpt of the AST constitution is attached with this form to determine the level of membership a member wishes, and is qualified, to apply to. Membership fees are due every 1 September each year, at the start of new actuarial year.

|  |  |  |
| --- | --- | --- |
| Class of Membership | Initials | Annual Subscription (TZS) |
|  |  |  |
| Student member | - | 120,000 |
|  |  |  |
| Associate member | AAST | 300,000 |
|  |  |  |
| Fellow member | FAST | 600,000 |
|  |  |  |
| Institutional member | - | 800,000 |
|  |  |  |

* Ensure that you have read carefully the excerpt of membership classes, as well as the fees for each class of membership before you pay the fees
* You must ensure that any bank charges are paid at the time of transfer; otherwise we will not receive the full payment. If the correct payment is not received, your application will be delayed until we receive the outstanding balance.
* An evidence of payment must accompany this application form. If the payment is done through mobile money to the account, attach a mobile money account mini-statement with details of payment amount, date and reference number.

|  |
| --- |
| Account Details |
| Account Name | Actuarial Society of Tanzania |
| Account Number | 01J1022773500 |
| Bank Name | CRDB Bank PLC |
| Bank Address | Holland Branch, Samora Avenue, Dar es Salaam, Tanzania |
| Transaction Details(To be filled by Applicant) |
| Payment Amount |  |
| Payment Date |  |
| Payment Reference Number |  |
| Account Number/Mobile Number |  |

ECTION IV: DECLARATION



Before signing this declaration, you are strongly advised to read the Constitution, By-laws, Rules and

Regulations of the of the Actuarial Society of Tanzania

|  |
| --- |
| I certify that the information provided are correct to the best of my knowledge.  |
| Name  |  |
| Position |  |
| Date  | D | D | M | M | Y | Y | Y | Y | Signature |
|  |  |  |  |  |  |  |  |  |

Checklist



Please complete the following

|  |  |
| --- | --- |
| I have enclosed certified copies of legal documents and qualifications for the Principal Actuary |  |
| I have provided an appropriate proof of method of payment for the fees |  |
| I have signed and dated the applicant’s declaration  |  |