

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: APPLICANT DETAILS



PERSONAL DETAILS



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Title |  |  | Mr | Mrs |  | Miss |  | Ms |  | Dr |  |  | Other (specify) |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Family name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | First name |  |  |  |  |  |  |  |  |  |  |  |  |  | Middle name(s) |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Gender |  |  | Male |  |  | Female |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of birth |  |  | D | D |  | M M |  | Y |  | Y Y Y |  |  |  |
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Mobile number



Email address



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ADDRESS DETAILS



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Please choose one option for your primary correspondence |  | Home | Office |
|  | address with the Actuarial Society of Tanzania |  |
|  |  |  |  |



Current Residential address



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | City/Town |  |  |  |  |  |  |  |  |  | Postcode |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | State (if applicable) |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Telephone |  |  | Country |  |  |  | Area/City |  |  |  |  | Number |  |  |
|  | number |  |  | code |  |  |  | code |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile number |  |  | Country |  |  |  | Area/City |  |  |  |  | Number |  |  |
|  |  |  | code |  |  |  | code |  |  |  |  |  |  |
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Current Employment Address



If you are unemployed (excluding self-employment) tick here



Company name

|  |  |  |
| --- | --- | --- |
| Position/Job title |  | Department |
|  |  |  |



Company address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Postal city/town |  |  |  |  |  |  |  |  | Postcode |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | County |  |  |  |  |  |  |  |  | COUNTRY |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Telephone |  |  | Country |  |  |  | Area/City |  |  |  | Number |  |  |
|  | number |  |  | code |  |  |  | code |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile number |  |  | Country |  |  |  | Area/City |  |  |  | Number |  |  |
|  |  |  | code |  |  |  | code |  |  |  |  |  |
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|  | Work email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

For those who are employed you must indicate your employer type, your main work area and your specialization below. Please only tick one box per section



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|  |  |  |
| --- | --- | --- |
| Employer type |  | Specialist work area |
|  |  |  |  |  |



Insurance



Social security or pensions fund



Banking



Information and/or Communication Technology company



Consulting or business advisory firm



Public service entity (including government agencies)



Education provider



Retired (including occasional consulting)



Self employed



Other



General management



Client advice/consultancy – general



Client advice/consultancy – banks



Client advice/consultancy – consumers



Client advice/consultancy – insurers



Client advice/consultancy – investment management company



Marketing



Pricing and product development



Reserving/valuation



Risk management



Investment analysis



Main work area



Life insurance



Healthcare insurance



General insurance



Reinsurance



Pensions and/or employee benefits scheme – private sector



Pensions and employee benefits scheme – public sector



Investment banking



Retail banking



Investment management firm



Enterprise risk management



Education (university instructor)



Government regulator



Information technology



Retired



Other



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Investment management



Investment trading



Corporate strategy



Provision of finance



Technical support



Research



Regulation



Education



Data analysis



Modelling



Non-executive director/Trustee



Retired



Other



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SECTION II: EDUCATIONAL DETAILS



* Please give your full education history with the qualifications awarded. The admission criteria is attached at the end of this form as an excerpt from the AST Constitution
* You must provide proof of all qualifications with your application. To do so you must provide certified copies of all education levels detailed below. A professional person (not a family member or friend) must certify them by
	+ writing on each copy that ‘This is a true copy of the original certificate’
	+ signing and dating the declaration
* If you hold more than one qualification on the same level, fill in the most relevant qualification, and then attach the certified copies of the other qualifications.
* Students currently pursuing their undergraduate studies should attach available transcripts for each year of study they accomplished
* Certificates in any language other than English must be accompanied by certified English translations. It is advisable to accompany foreign certificates with a recognition of award certificate from the Tanzania Commission for Universities (TCU)

UNIVERSITY EDUCATION



Level



Grade/Class



University attended



Program studied



Date of graduation

|  |  |  |
| --- | --- | --- |
| Honours Degree | Ordinary Degree |  |
|  |  |  |  |  |  |
| 1st | 2.1 |  | 2.2 | 3rd |
| First | Upper Second | Lower Second | Third |
|  |  |  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Level | Doctorate | Masters | Postgraduate diploma |
|  |  |  |  |



University attended



Program studied



Date of graduation

|  |  |  |  |
| --- | --- | --- | --- |
| Level | Doctorate | Masters | Postgraduate diploma |
|  |  |  |  |



University attended



Program studied



Date of graduation

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SCHOOL EDUCATION



Ordinary Level



Name of Examining body



Grade/Class



Name and address of school attended



Date of graduation



Advanced Level (or equivalent)



Name of Examining Body Grade/Class



Name and address of school/institute attended



Program studied/Subjects combination



Date of graduation

Number of examinations applicant sat for



|  |  |  |
| --- | --- | --- |
| High School education |  | Diploma studies |
|  |  |  |
|  |  |  |
|  |  |  |
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PROFESSIONAL QUALIFICATIONS



Please give details of any professional qualifications that you currently hold:



Professional association



Qualification gained



Date of graduation



Professional association



Qualification gained



Date of graduation



Professional association



Qualification gained



Date of graduation

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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



Account number



Bank name



Bank Address

ACTUARIAL SOCIETY OF TANZANIA



01J1022773500

CRDB Bank Plc

Holland Branch

Samora Avenue

Dar es Salaam, Tanzania

Transaction Details (To be filled in by the applicant)



Payment amount



Payment date



Payment reference number



Account number/Mobile number



(for mobile money/application transactions)

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SECTION IV: DECLARATION AND REFERENCE



The Applicant’s 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 apply to the Council for admission as a member of the Actuarial Society of Tanzania.
* I confirm that I am a fit and proper person to be admitted as a member of the Actuarial Society of Tanzania.
* I confirm that I do not have any criminal convictions, other than any arising under the Road Traffic Acts, and any I have detailed on the attached separate sheet, and that I am not aware of any incidents in which I have been involved that might lead to a criminal charge or conviction against me.
* I have not, either in Tanzania or elsewhere:

o been censured, disciplined or publicly criticised by any professional body to which I belong or belonged;

o or been dismissed from any office or employment;

o or been excluded from a university course for misconduct;

o or refused entry to any profession, association or occupation.

* I am not aware of any circumstances that would make me unsuitable for membership of the Actuarial Society of Tanzania.
* If my application is approved, I understand and agree:
	1. to conform to the By-Laws, Rules and Regulations of the Actuarial Society of Tanzania and the Actuaries’ Code as now exists, or as may in future be altered, amended or enlarged, and I will, to the best of my ability, promote the objects of the Actuarial Society of Tanzania.
	2. that I shall be subject to the Disciplinary Rules of the Actuarial Society of Tanzania, and the disciplinary scheme of the AST for the Actuarial Profession.
* I understand that to withdraw from membership I must inform the Membership Team of my resignation and that after payment of any arrears, delivery or books, papers or other property of the Actuarial Society of Tanzania, I will be free from these obligations.



Name

(BLOCK CAPITALS)

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
|  |  |  |

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Referees’ Declaration

This section must be signed by two referees.

* All applicants are required to have their application form signed by two referees. A referee should normally be a person of good standing, e.g. university professor, lawyer, Fellow of the Actuarial Society of Tanzania, or other professionally qualified person, who has known the applicant personally for at least two years. Members of an applicant’s own family cannot be accepted as referees.
* The applicant should, so far as can be judged by the referees, be a person suitable for membership of a professional body who can be relied upon to maintain the standards of the Actuarial Society of Tanzania.

NOTE that the information in this section will be used to contact the referees for the verification of information provided on the application form.

First referee



I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a member of Actuarial Society of Tanzania

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name |  |  |  | Occupation |  |
|  | (BLOCK CAPITALS) |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |



Address



Email address

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
|  |  |  |

Second referee



I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a member of the Actuarial Society of Tanzania

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name |  |  |  | Occupation |  |  |
|  | (BLOCK CAPITALS) |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Address |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |



Email address



Signature

Date

AST Membership Application Form



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SECTION V: CHECKLIST AND NOTES



* This form can be signed, then scanned and sent by email, but we retain the right to ask individuals to provide original or certified certificates at any time in the future.
* If your application is successful you will be issued, with an identification number which should be quoted in all correspondence with us.

Membership Criteria



1. Fellow

Any person who makes an application for membership as a Fellow by completion of a prescribed application form may become a Fellow of the Society provided that the person: -

* 1. Shall be a Fellow of an Actuarial Association which has a full membership of the International Actuarial Association (IAA) and has at least five (5) years of post-qualification actuarial responsibility which the Council may approve of;

or;

Shall have a Master’s degree in relevant Actuarial studies with 5 years’ post-graduation work experience

or;

Shall have a Bachelor’s degree in relevant Actuarial studies with 7 years’ post-graduation work experience

1. Is approved for admission to membership by the Council;
2. Is a lawful citizen of Tanzania or holds valid permanent residency within the country and is familiar with Tanzanian conditions;
3. Has paid the prescribed entrance fees and dues for the year

A Fellow may use after his/her name, the initials FAST.

1. Associate

Any person who makes an application for membership as an Associate by completion of a prescribed application form may become an Associate of the Society provided that the person: -

* 1. Shall be an Associate of an Actuarial Association which has a full membership of the International Actuarial Association (IAA) and has at least five (5) years of post-qualification actuarial responsibility which the Council may approve of;

or;

Shall have a Masters in relevant Actuarial studies with 3 years’ post-graduation work experience;

|  |  |  |
| --- | --- | --- |
| AST Membership Application Form | or; | Page 9 |
|  |



Shall have a Bachelor’s degree in relevant Actuarial studies with 5 years’ post-graduation work experience;

1. Is approved for admission to membership by the Council;
2. Is a lawful citizen of Tanzania or holds valid permanent residency within the country and is familiar with Tanzanian conditions; and
3. Has paid the prescribed entrance fees and dues for the year.

An Associate may use after his/her name, the initials AAST.

1. Student Member

Any person who is not qualified to be a Fellow or an Associate of the Society who makes an application for a Student membership by completion of the prescribed application form may become a Student Member of the Society provided that person: -

* 1. Has completed an actuarial course or other related course in a University, or any other academic institute recognized by the Society and has achieved a qualification thereof;
	2. Is a lawful citizen of Tanzania or holds valid permanent residency within the country and is familiar with Tanzanian conditions
	3. Is approved for admission to membership by the Council; and
	4. Has paid the prescribed entrance fee and dues for the year.

Fellows and Associates shall be entitled to vote, hold office, make nominations and generally exercise the rights to full membership. Student Members shall be entitled to be present at meetings of the Society, to present papers and to join in discussions at such meetings. They are not entitled to hold office.

Checklist



Please complete the following



I have enclosed certified copies of all education certificates referred to in the application (page 4/5)



I have provided an appropriate proof of method of payment for the fees (page 6)



I have signed and dated the applicant’s declaration (page 7)



I have provided details of two suitable referees (page 8)

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