



สมาคมนักคณิตศาสตร์ประกันภัยแห่งประเทศไทย
THE SOCIETY OF ACTUARIES OF THAILAND

APPLICATION FORM

Application for:

Fellow Member Associate Member Ordinary Member

Photo

1. PERSONAL DETAILS	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Other [<input type="checkbox"/> Dr. Prof.]		
Name in Thai			
Name in English			
Thai ID Card No.			Date of birth
Passport No.			Citizenship
Home Phone			Mobile Phone
Home Address			
E-mail Address (Personal)			
2. EMPLOYMENT DETAILS	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Non-Life <input type="checkbox"/> Consulting Firm <input type="checkbox"/> University <input type="checkbox"/> OIC <input type="checkbox"/> Other _____		
Institution			
Department		Position	
Office Address			
Office Phone			Fax:
E-mail Address (Office)			

3. EDUCATION

Degree/Program	Major/Specialization	Name of Education Institution	IAA Recognized Actuarial Program?

4. PROFESSIONAL DESIGNATION (Please tick the relevant box (es) and the class of your membership):

Actuarial Body	Fellow	Associate	Membership obtained upon passing or receiving exemption of one or more examinations set by the association	Membership obtained via mutual accreditation arrangement
Society of Actuaries (USA)				
Casualty Actuarial Society (USA)				
Institute and Faculty of Actuaries (UK)				
Institute of Actuaries of Australia (Australia)				
Canadian Institute of Actuaries (Canada)				
Other				

5. If you are an OIC licensed life or non-life Actuary, please provide the following information

License Type	License No:	Expiration Date:
OIC Licensed Life Actuary		
OIC Licensed Non-Life Actuary		

6. If you are not a member of any Actuarial Body but have passed and/or exempted from at least one part or subject of the Actuarial Body, please specify:-

Name of Actuarial Body						
Exams passed or exempted						

7. WORK EXPERIENCE (You may provide a CV on separate paper in place of completing this section)

- (1) Company..... Years of experience.....
 Position.....
 Job Description.....

- (2) Company..... Years of experience.....
 Position.....
 Job Description.....

I hereby certify that:

- All the above statements are true, complete and made in good faith
- I am a member in good standing of the above named associations
- I am not now, nor ever have been, the subject of any disciplinary actions or proceedings, nor have any restrictions been placed on my ability to practice as a result of the investigation
- I have not been convicted in a court of law in any country
- I have never been declared bankrupt
- I agree to abide by the Articles of Association, the Code of Professional Conduct and other regulations or standards issued by the Society of Actuaries of Thailand.
- I agree to pay annual membership dues and understand that if I do not do so my membership may be cancelled.
- I will send original of fully completed application with the required documents certified true copies to the office of the Secretariat provided below.

Applicant: Date:

Name of 1st Certifier: Class of Membership:

Signature: Date:

Name of 2nd Certifier: Class of Membership:

Signature: Date:



Membership Class	Documents required
Fellow Member	<input type="checkbox"/> Certified true copy of Thai ID card or passport for foreign national <input type="checkbox"/> Certified true copy of Fellowship Certificate from recognized actuarial associations. <input type="checkbox"/> Employment certification (for foreigner) relating to your work in Thailand <input type="checkbox"/> CV or bio data <input type="checkbox"/> 1 Photograph <input type="checkbox"/> Completed and signed Original Application <input type="checkbox"/> Name and signature of two certifiers who are current and paid up Fellow or Associate members of the Society of Actuaries of Thailand <input type="checkbox"/> Proof of payment for membership
Associate Member	<input type="checkbox"/> Certified true copy of Thai ID card or passport for foreign nationals <input type="checkbox"/> Certified true copy of the Associate membership certificate of recognized actuarial association; or Actuarial Science degree and transcript of IAA recognized education programs. <input type="checkbox"/> Employment certification (for foreigners) relating to their work in Thailand <input type="checkbox"/> CV or bio data <input type="checkbox"/> 1 Photograph <input type="checkbox"/> Completed and signed Original Application <input type="checkbox"/> Name and Signature of two certifiers who are current and paid up Fellow or Associate members of the Society of Actuaries of Thailand <input type="checkbox"/> Proof of payment for membership
Ordinary Member	<input type="checkbox"/> Certified true copy of Thai ID card or passport for foreign nationals <input type="checkbox"/> Certified true copy of transcript/certificate <input type="checkbox"/> Certified true copy of actuarial exam results of actuarial body; or license as OIC certified life or non-life actuary; or employment certification to certify actuarial work <input type="checkbox"/> Employment certification (for foreigners) relating to their work in Thailand <input type="checkbox"/> CV or bio data <input type="checkbox"/> 1 Photograph <input type="checkbox"/> Completed and signed Original Application <input type="checkbox"/> Name and Signature of two certifiers who are current and paid up Fellow or Associate members of the Society of Actuaries of Thailand <input type="checkbox"/> Proof of payment for membership

Membership Fee Payment Instructions:

- Fellow Member/7,490 Baht Associate Member/1,070 Baht Ordinary Member/1,070 Baht (VAT included)

Methods of payment

- Cash
 Crossed check to be made payable to “The Society of Actuaries of Thailand”
 Credit transfer to “The Society of Actuaries of Thailand” Kasikorn Bank, Patpong Branch, 42 Songserm Insurance Building, Surawong Siphaya Bangrak, Bangkok 10500 THAILAND Tel: 02-637-0041-8
 Current Account No. 018-1-01969-7 **Swift Code: KASITHBK**
 (Please note that all bank charges are to be paid by the sender)

Application Instructions

Please send your original application and payment to **The Society of Actuaries of Thailand**, Khun Oraphan Panit, C/O AIA Company Limited, AIA Tower, 17th floor, 181 Surawongse Road, Bangrak, Bangkok 10500 THAILAND
 Email: Oraphan.Panit@aia.com Tel: 02-638-7195

For the Use of the Secretariat:		
<input type="checkbox"/> All documents received	Date: _____	By: _____
<input type="checkbox"/> E-mailed for Board Approval	Date: _____	By: _____
<input type="checkbox"/> Board decision finalized	Date: _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Not approved
Comment.....		
Effective date of membership:		Date of notification: