



PERSATUAN AKTUARI MALAYSIA

ACTUARIAL SOCIETY OF MALAYSIA

Malaysian Life Reinsurance Group Berhad
3B/21-3 Block 3B Level 21, Plaza Sentral
Jalan Stesen Sentral 5, Kuala Lumpur Sentral
50470 Kuala Lumpur, Malaysia
Tel: +60 (3) 2780 6611 Fax: +60 (3) 2780 6622
Website: <http://www.actuaries.org.my>

APPLICATION FORM FOR MEMBERSHIP

Before applying to become a member of the Society, please read the Constitution particularly *Article 5 – Membership* and the Professional Code of Conduct which is available on the Society website.

Please fill in your particulars below in BLOCK LETTERS.

Name: Mr/Mrs/Ms/Dr :

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I/C or Passport No. :

.....

Occupation :

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Company :

.....

Office Address :

.....

(Please indicate the department)

.....

Contact No. :

Fax. No :

.....

E-mail Address (Office):

.....

Residence Address :

.....

.....

Contact No. :

Mobile No. :

.....

E-mail Address
(Personal):

.....

Please select e-mail address for correspondence: Office Personal

In general, correspondence will be via e-mail. **The Society will not be responsible for any undelivered e-mails due to errors in member's e-mail account.** Please ensure that the selected e-mail account is in active use and can take attachments up to 500KB.

PLEASE NOTE: Members should notify the Secretary of any changes in personal particulars.



1. **Actuarial Body/Bodies of which you are a member** (Please tick the relevant box (es) and circle the class of your membership):

- Society of Actuaries (USA): Fellow / Associate / Ordinary
- Institute and Faculty of Actuaries (UK): Fellow / Associate / Ordinary
- Institute of Actuaries of Australia: Fellow / Associate / Ordinary
- Casualty Actuarial Society (USA) Fellow / Associate / Ordinary
- Others (please specify):

2. **Class of Membership sought:**

- Fellow Associate Ordinary Student

3. **Work Experience**

Please complete this section only if you are applying for membership as a Fellow.

(a) Years of experience relating to Malaysian Insurance/actuarial conditions.

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(b) Please state the associated Malaysian company(s)/organisation(s) for 6(a) above.

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4. **Membership Subscription:**

The following subscriptions are applicable for each class of membership:

Fellow	RM 120.00
Associate	RM 80.00
Ordinary	RM 30.00
Student	RM 10.00

In addition, there is a **joining fee of RM 10.00** payable in the first year of membership.



Please note that membership subscriptions are payable at the start of each financial year – failure to do so may result in lapse of membership, after which application for reinstatement will be subject to approval by the Council and payment of appropriate subscription and reinstatement fees. There will be no prorating for entry after the beginning of the financial year.

Please submit your payment along with this form in the form of a **crossed cheque** made payable to **Actuarial Society of Malaysia** for the appropriate amount (joining fee of RM 10.00 + first year subscription for the relevant class of membership applied for). Payment will be returned to you in the event that your application for membership is not approved.

Please post your application and payment to:

Actuarial Society of Malaysia
Malaysian Life Reinsurance Group Berhad
3B/21-3 Block 3B
Level 21 Plaza Sentral
Jalan Stesen Sentral 5
50470 Kuala Lumpur, Malaysia

5. Notification of Status of Application

Your application will be considered at the Council meeting following the receipt of your application. The Secretary will notify you (via e-mail) of the status of your application to become a member of the Actuarial Society of Malaysia.



Declaration

I have read the Constitution of the Actuarial Society of Malaysia and the Professional Code of Conduct. I agree as a condition of membership to be bound by the Constitution of the Actuarial Society of Malaysia, the Professional Code of Conduct and other standards set forth by the Society.

I am committed towards the advancement of the actuarial profession in Malaysia and will contribute positively to the activities and aspirations of the Society.

I declare that the information provided in this application form is accurate and complete.

I enclose a crossed cheque no: _____ for RM _____ in favour of “**Actuarial Society of Malaysia**” for the payment of joining fee and annual subscription.

Signature: Date:

For the Use of the Council

Approved on behalf of the Council by:

Name:

Signature:

Date:



Nomination

Applicants for Fellow¹, Associate, Ordinary and Student² membership will require nomination by two current members of the Society. This section is to be filled in by the members nominating the applicant.

¹ *For Fellow membership, the nominee has to be a Fellow of Actuarial Society of Malaysia.*

² *For Students studying in college/university, nomination from principal/head of department (e.g. Department of Mathematics) is acceptable.*

Declaration of Nomination:

I hereby nominate to be considered favourably by the Council for admission into membership of the Actuarial Society of Malaysia. I believe that this applicant is committed towards the advancement of the actuarial profession in Malaysia and will contribute positively to the activities and aspirations of the Society.

Signature: Date:

Name of member:

Declaration of Nomination:

I hereby nominate to be considered favourably by the Council for admission into membership of the Actuarial Society of Malaysia. I believe that this applicant is committed towards the advancement of the actuarial profession in Malaysia and will contribute positively to the activities and aspirations of the Society.

Signature: Date:

Name of member: