



# Institute of Actuaries of India

Statutory body established under an Act of Parliament

Unit No. F-206, 2nd Floor, F Wing, Tower II, Seawoods Grand Central,  
Plot no R-1, Sector 40, Nerul Road, Navi Mumbai - 400706  
+91 22 6243 3333 +91 22 6243 3322

## ANNUAL MEMBERSHIP RENEWAL FORM 2021-22

(For Members above 60 years for Life Membership)

It is necessary that all the information is provided.

Name: Mr/ Mrs/ Ms/Dr (Mandatory)

IAI Membership No

Year of admission

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Date of Birth

DD	MM	YYYY

Class of membership: Associate

Fellow

Affiliate

Student

Above 60: Life Membership

Current Residential Address

Flat/Door/Block no

Name of the Premise/Building/Village

Road/Street/Post Office

Area/Locality

Town/City/District

Pin

State

Country

Nationality

Email Id:

Mob

Tel(R)

**Note:** - The payment should be made on or before 1<sup>st</sup> April 2021 failing which Membership will lapse resulting in to removal of name from the register of members.

**A. Mode of payment: DD or Pay Order:**

The Annual Membership fee may be paid by Demand Draft / Pay Order drawn in favour of "Institute of Actuaries of India", payable at Mumbai. Please indicate your full name, Class of membership (Fellow, Affiliate, Associate and Student) & "Annual Membership fee for the year (mention year)" at the back side of DD/Pay Order and on Renewal Form. Please ensure that payment by Demand Draft / Pay Order is honoured by your bank as dishonour may require you to pay penalty charges of Rs.500/-.

For payment made in currency other than INR an additional Rs.800/- will be charged as Bank Charges.



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**B.** Total Amount paid in Rs: - \_\_\_\_\_

Demand Draft No/Wire Transfer No: - \_\_\_\_\_

Date: - \_\_\_\_\_

**C.** **Help:** Kindly contact Mr. Sandeep Mahajan at [sandeep@actuariesindia.org](mailto:sandeep@actuariesindia.org) or at 022-62433337 / Ms. Swetha Jain at [swetha@actuariesindia.org](mailto:swetha@actuariesindia.org) or at 022 – 62433335 for further details on reinstatement of membership or any other matter relating to Annual Membership fee.

**D.** Declaration to be made by Associate, Fellow and Affiliate members:

I declare;

1 - that I have not been subject to disciplinary action, either pending or concluded by the Association based on whose fellowship I was admitted as IAI member (in case this is not true please provide the details.)

2 – I have paid all dues that are due to the Association based on whose fellowship I was admitted as IAI member.

3. I hereby undertake that if my name is entered in the Register, I shall be bound by the provisions of the Actuaries Act, 2006 and the regulations framed thereunder or that may hereafter from time to time be pursuant to the said act.

**Date:**

**Place:**

**Signature of Applicant**