



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 2020-21

(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

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 1st April 2020 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 or 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 Ms. Prajakta Bhosle at actsoc@actuariesindia.org or at 022 – 62433333 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