

	<h2 style="margin: 0;">Application form for inclusion of name in the Roster of Actuaries: Life /General</h2>
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Please complete this form and return it by email to:

Beema Samiti (Insurance Regulatory Authority of Nepal), Kupandole, Lalitpur-10, Nepal

Tel: +977 (1)5538743,5521079; email: [info@nib.gov.np](mailto:info@nib.gov.np)

### Notes

- Applications deadline is 45 days from the date of issue of the Notice.
- This form must be emailed to us, together with the scanned copies of required supporting documents.
- Please read carefully, the Annexure 1 regarding eligibility before filling this application form.
- Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.
- All sections of this form must be completed in full.
- If you have any queries or inquiry feel free to mail us at: [info@nib.gov.np](mailto:info@nib.gov.np)

Please **TYPE** all your details in this form where possible, but note that all signatures must be handwritten.

### Section 1 – Applicant details

If you have ever been issued with an ARN, please state it in this box:	
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### Personal details

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Dr <input type="checkbox"/>	Other (please specify)																					
First name		Middle name(s)																					
Family name																							
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>																						
Date of birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			D	D	/	M	M	/	Y	Y	Y	Y										
D	D	/	M	M	/	Y	Y	Y	Y														

Your qualifications - please give the qualifications you wish to appear on your records.	
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### Deadlines for submission of this application

The application Deadline is 45 days from the date of issue of Notice (Please Refer Notice)
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### Section 2 – Address details

Please provide a current correspondence address, telephone number and email address (in clear typing or handwriting) according to the Actuarial Directory.

Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.

Which address you would like correspondence from the Beema Samiti to be sent to?	Home <input type="checkbox"/>	Office <input type="checkbox"/>
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Current residential address																			
Address																			
Postal city/town					Postcode														
County					COUNTRY														
Telephone number	Country code		Area/City code		Number														
Mobile number	Country code		Area/City code		Number														
Personal email address (please print very clearly)																			

Section 3 – Professional/ Employment Details:	
<p><b>3.1 Status</b> [Submit proof if your status is (b) or (c)] :</p> <p><i>[Please note even if you are allowed to function as Individual [Status (a)] by the firm or employer, proof of your working with the firm / employer is required]</i></p>	<p>a) Individual [Sole practitioner] <input type="checkbox"/></p> <p>b) Partner of a Firm of Actuaries <input type="checkbox"/></p> <p>c) Employee <input type="checkbox"/></p>

3.2 Details of Firms/ Employer:			
Company name			
Position/Job title			Department
Company address			
Postal city/town			Postcode
County			COUNTRY

Telephone number	Country code		Area/City code		Number	
Mobile number	Country code		Area/City code		Number	
Work email address (please print very clearly)						

3.3 Fellowship Detail [See Annexure 1]:	
<p><b>3.3.1 Please mention the name of professional body:</b></p> <p><i>[If you are a fellow member of more than one professional body, you need to mention the name of professional body which disciplines you primarily— which issues Certificate of Practice and/or CPD compliance Certification.]</i></p>	
<p><b>3.3.2 Fellowship attained from month/year:</b></p>	

3.4 Membership Number allotted by your professional body:	
<p>Please indicate the numbers:</p>	

3.5 Would like to work for insurer transacting:	
<p>Please Tick on the box.</p>	<p>a) Life Business <input type="checkbox"/></p> <p>b) Non-Life Insurance Business -- includes Reinsurance Business <input type="checkbox"/></p>

3.6 No. of years of life/general insurance experience:	
<p>Please indicate the no. of years [Proof is required]</p>	

<b>3.7 Are you an appointed actuary or consulting actuary of any insurer?</b>	
<i>If yes, state the name of insurer and name of Country in which insurer is registered and submit proof.</i>	

<b>3.8 Are /were you held guilty by any professional body / Court / any public authority?</b>	
<i>If yes, please furnish details.</i>	

<b>3.9 Have you discontinued your membership at any time with your professional body in the past?</b>	
<i>If yes, please furnish details.</i>	

<b>3.10 Names and addresses of Employers with whom you worked during the last five years.</b>	
<i>Please write details. [Proof required]</i>	

<b>Section 4 – Have you studied the insurance legislation applicable to insurers in Nepal?</b>	
<i>Please Tick on the box</i>	a) Yes <input type="checkbox"/> b) No <input type="checkbox"/>

## Section 5 – Declaration

This section must be signed by applicant.

I declare that I have not:

- been censored, disciplined or publicly criticised by any professional body to which I belong or belonged;
- been dismissed from any office or employment;
- been excluded from any institution for misconduct; or
- been refused entry to any profession, association or occupation.

***I accept to get my name included in the Roster as per terms of Beema Samiti and have not furnished any false information in this regard.***

<b>Name (BLOCK CAPITALS)</b>			
<b>Signature</b>		<b>Date</b>	
<b>Place</b>			

### Enclosure:

<b><i>A self-certified copy of Certificate of Fellowship</i></b> issued by the professional body.	<input type="checkbox"/>
<b><i>Age Proof or any National Identity Card</i></b>	<input type="checkbox"/>
<b><i>A Self-certified copy of Certificate of Practice / CPD compliance Certification</i></b> –issued by the professional body;	<input type="checkbox"/>
<b><i>Proofs for items</i></b> [where necessary]	<input type="checkbox"/>

### Notes:

- *If you are a partner of any firm of actuaries, submit evidence that the firm is registered with the Actuarial Professional Body.*
- *In case your firm's partner/employee is found to have violated code of conduct, your name will not be considered in the Roster.*
- *If you are an employee, evidence of permission from employer to practice is necessary.*