



WORSHIPFUL COMPANY
OF
ACTUARIES
CHARITY • CITY • COMMUNITY

FRIENDS APPLICATION FORM

Name of Candidate (capitals)

Date of birth

Mobile Phone Number

Home Phone Number

Home Address

.....

.....

Personal Email

Work Email

Please indicate your preferred email address above for Company communications.

Employer

Work Address

.....

.....

Next of Kin

Next of Kin Contact Number

Actuarial memberships

WCA Event(s) attended Date

..... Date

Are you a member of another
Livery Company? If so, which?

I confirm that the above information is correct, and I consent to the Company processing it, retaining it and making it available for the purposes of administering the Company. I also note and accept the data protection statement made overleaf.

I understand that the Company expects adherence to a high standard of personal and professional conduct. I therefore confirm that:

- I have never in the UK or elsewhere been censured, disciplined or publicly criticised by a professional body to which I belonged*;
- I have never been asked to resign, resigned, been dismissed or faced disciplinary proceedings from my employer as a result in whole or in part of any negligence or misconduct on my part*;
- I am currently a Student member, intending to qualify within the next 3-4 years as an Associate or Fellow, of the Institute and Faculty of Actuaries (or the relevant status of such other actuarial body as applies to me), and
- I understand I am required to advise the Clerk promptly should circumstances arise whereby I would no longer be able to give these confirmations.
- I confirm that I have paid the application fee to become a Friend

* If you are unable to make the statements in 1 or 2 above, please set out the relevant details on a separate sheet. Any information so provided will only be seen by the Membership Committee and the Executive Committee.

Signed

Date

Attestation by Proposer:

I personally know (the candidate) by virtue of being

- a work colleague
- a personal friend
- a fellow member of professional committees

I confirm that, to the best of my knowledge, the candidate is a person of good character and whose behaviour has been consistent with the requirements of the Actuaries' Code.

I confirm that I, as Proposer, will continue to support the candidate whilst they are a Friend of the Company and encourage him/her to participate in Company events.

I am prepared to propose the candidate as a Freeman of the Company when they qualify for full membership.

Proposed by: Name

Signature

Note: The Proposer must be a Liveryman or Freeman of the Actuaries' Company and must not be an employee, nor a partner, in the same company as the Candidate.

Data Protection Statement

The Worshipful Company of Actuaries collects personal information when you apply to become a member of the Company. We will use this information to communicate with you and to maintain records on our members. This information will be shared with the WCAC. The WCA and WCAC will not share your information for marketing purposes with any third parties. For more information explaining how we maintain and process your data, please refer to the Data Protection Policy on our website.

Please submit this form to Ryan Balgobin by email at ryan.balgobin@outlook.com

If you would like to discuss any aspect of your application before submission or are unsure of the process, please contact Ryan Balgobin - ryan.balgobin@outlook.com