Actuaries Institute

CERA

Application for CERA designation

Please clearly print your name and address in the space provided.
Forms containing invalid information cannot be processed.

Member ID (if applicable):		**This form must be returned to:**
Name:		CERA Administrator c/- The Institute of Actuaries of Australia Level 7, 4 Martin Place Sydney NSW 2000, Australia Fax: +612 9233 3446 **Enquiries: +612 9233 3466**
Address:		

Please tick as appropriate:

1. Has any professional organisation (actuarial or otherwise) ever taken disciplinary action against you as a member or as a candidate? **Yes** ☐ **No** ☐
2. Are there any disciplinary action(s) currently pending against you? **Yes** ☐ **No** ☐
3. Are you practising in a country other than Australia? **Yes** ☐ **No** ☐

   If so, please state which country _____

If you answered yes to question 1 or 2 above, please provide details on the reverse side and attach any supporting documentation

I declare that the above answers are, to the best of my knowledge, information and belief, correct and authorise The Institute of Actuaries of Australia (ACN 000 423 656) ("Institute") to verify the information submitted on this form.

I understand and irrevocably agree that my eligibility for, and continued use of, the CERA credential is conditional (regardless of my membership status) upon the following regulations of the Institute:

(i) to conform to the Institute's Constitution and Code of Professional Conduct as in place from time to time, and that I will to the best of my ability, promote the objects of the Institute;

(ii) that I shall be subject to the Disciplinary Scheme of the Institute; and

(iii) that I shall complete such Continuing Professional Development (CPD) as is required by the Institute.

I understand and agree, in perpetuity and regardless of my membership status, that:

(i) the Institute, or any other professional organisation of which I am, or have been, a member, may communicate to any CERA Treaty signatories, all public information regarding disciplinary complaints made, or disciplinary proceedings instituted, against me under the disciplinary rules of the Institute or relevant professional organisation;

(ii) my CERA credential may be withdrawn from me if:

- **I am found to have engaged in unprofessional conduct under the Disciplinary Scheme of the Institute;**
- **I fail to pay any fees or charges or disciplinary penalties levied by the Institute, notwithstanding reasonable notice having been given to me to do so;**
- **the Institute receives relevant information, whether or not as a result of my consent given above, and the Institute considers that the withdrawal of the CERA credential from me is appropriate and reasonable in all the circumstances; and**

(iii) I will cease to use the CERA credential if it is withdrawn from me as a result of any of the matters set out in paragraph (ii) immediately above.

Submission of this form allows the Institute to release the details of CERA credential holders for publication on the CERA website. Please tick this box if you do ***not*** wish your details to be published ☐

In submitting this form I confirm I have read, understood **and agree to** the terms above:

Applicant name (BLOCK CAPITALS):	Signature:	Date:

If you answered yes to question 1 or 2 above, please provide details below and attach any supporting documentation.