

UNITED INDIA INSURANCE COMPANY LIMITED

Regd. Office: 24, Whites Road, Chennai 600 014

Head Office : No. 19, Nungambakkam High Road , IV Lane, Chennai 600034

Application for the post of Appointed Actuary

Recent Passport Size
Photograph

1.	Name of Actuary	
2.	Residential Address	
3.	Office address	
4.	Mobile No. & Landline No.	
5.	E-mail address	
6.	Date & Place of birth	
7.	Whether ordinarily resident in India?	
8.	Professional Qualifications	
9.	Work experience	
	a. Details of relevant total experience	
	b. Details of relevant post qualification experience	
	c. Details of post qualification experience in respect of annual statutory valuation	
10.	Whether passed specialization subject in General Insurance?	
11.	Achievements and special positions held presently or previously	

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12.	Names, countries of incorporation, addresses and principal activities of any other firms or companies in which the applicant was a director, partner, proprietor, employee, consultant, peer reviewer, independent actuary on with profit committee, mentor to Appointed Actuary, working as Panel Actuary or was associated in any manner	
13.	Names, countries of incorporation, addresses and principal activities of any other firms or companies in which the applicant currently is a director, partner, proprietor, employee, consultant, peer reviewer, independent actuary on with profit committee, mentor to Appointed Actuary, working as Panel Actuary or was associated in any manner	
14.	Particulars of any criminal conviction for offences in India or elsewhere	
15.	Has the applicant been adjudicated bankrupt during the last ten years? If so, give details	
16.	Has the applicant been disciplined by any professional body or any insurance regulator? If so, give details	
17.	Declaration regarding conflict of interest as per Regulation 11 of Insurance Regulatory and Development Authority of India (Appointed Actuary) Regulations, 2017	

Enclose the Fellowship certificate and Certificate of Practice issued by the Institute of Actuaries of India.

Certification:

I hereby certify that the information given in this form is complete, true and correct.

Date:

Place:

Signature of Actuary