

FINANCIAL SUPERVISORY COMMISSION



Cook Islands

APPOINTMENT OF ACTUARY

[FSCForm INL-6]

**(As Required under Section 32 of the Insurance Act 2008
and Section 8 of the Insurance Code 2010)**

(Name of Actuary)

1. Name of Person Completing this Form:

(First Name) (Middle Name) (Last Name)

2. Present Home Address: _____

Present Citizenship: _____
Country of Citizenship

Since (indicate period): From Month _____ Year _____

4. Date of Birth (Month /Day /Year): _____

5. Employment History:

Provide the following information in reverse chronological order regarding your employment or self-employment during the past ten (10) years. Use additional sheet(s) to provide the same information for each employer.

Employer: _____

Address: _____

Business Description: _____

Dates Employed: _____

Job Title/Description: _____

Reason for Leaving: _____

6. Educational and Professional Credentials (Use additional Sheet if necessary):

- (a) Include high (secondary) school and university (indicate name of institutions, dates attended, degrees/major field of study):
- (b) List any professional qualifications or licence or similar certificates now held or have ever held i.e., attorney (solicitor), physician, CPA, teacher, etc (indicate type of licence/qualification/certificate, issuer, date issued, time currently being devoted to the profession and whether the licence/certificate has been revoked and the reasons for revocation if applicable).
- (c) List training courses attended relevant to the position you are holding (Indicate title of training course, date, approximate period in terms of hours or days, i.e. 2 weeks full time, or 10 days full time or 10 days session of 2 hours or 20 hours, and institution conducting the training.)

7. Provide a copy of your Passport pages, certified by a Notary Public or Solicitor, showing personal details and dates of issue and expiry, and any other current National Identity Card.

CERTIFICATION

I CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I undertake that, as long as I continue to be an auditor of an insurer I will notify the Financial Supervisory Commission of any material change affecting the completeness of the Personal DECLARATION within fifteen (14) days from the occurrence of the changes.

I ALSO HEREBY AUTHORISE the Financial Supervisory Commission to make such enquiries and seek such further information as it thinks appropriate in verifying the information given or in any other documents submitted as part of this application for the purposes of performing its due diligence and background checks. I also understand that the results of these checks may be disclosed to the applicant or person who signed the Application form.

Dated and signed this _____ day of _____, 20_____.

(Signature)

(Print or type full name)

Declared to before me this _____ day of _____, 20_____.

(Seal)

(Notary Public Signature)

(Print or type full name)