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| IFOA_logo_ | **CB3 exam application form**  **Bank transfer** |

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| *Please complete this form and return it with payment to:*  *Tel: +44 (0)131 240 1325 Email:* [*memberservices@act**uaries.or**g.uk*](mailto:education.services@actuaries.org.uk) | | | | | | | | |
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| **Please ensure you read the exam entry policies and procedures before completing this application.** **See** <https://actuaries.org.uk/qualify/prepare-for-your-exams/assessment-regulations/> | | | | | | | | |
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| **Personal details** | | | | | | | | |
| **Name (BLOCK CAPITALS)** | | |  | | **ARN** | |  | |
| **Company name** |  | | | | | | | |
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| **See next pages for exam dates and payment details**  Payment must be sent with the application form. Failure to do so may result in candidates not obtaining a place on the requested exam. | | | | | | | | |
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| **Additional requirements and access arrangements** | | | | | | | | |
| Please contact the Member Services Team to discuss this. | | | | | | | | |
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| **I have read, understood and agree to be bound by the examination Rules and Regulations and also the Actuaries’ Code, as in force from time to time. In submitting this form I confirm I have read and understood the examination regulations and notes issued.** (Tick box to agree to the above statement). | | | | | | | | 🞎 |
| Please note: exam material may be shared with appropriate third parties to complete the exam marking process, and for audit and monitoring purposes.  Submission of this form allows the Institute and Faculty of Actuaries to publish the names of successful candidates. | | | | | | | | |
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| **Signature** | |  | | **Date** | |  | | |

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| **The exam dates available to book are shown below**  We offer places on a first come, first served basis. |
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| **Online exams, CB3**  **Full fee**  £580.00    **Reduced fee**  £375.00 – I certify that my annual income does not exceed £8,300.00 | | | |
| **Start date** | **End date** | **1st choice** | **2nd choice** |
| 6 January 2025 | 14 February 2025 |  |  |
| 20 January 2025 | 28 February 2025 |  |  |

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| **Payment details:** We do not invoice examination fees. | | | | | | |
|  | **Bank transfer** | **£** | | Please enter the total amount of Bank transfer  A remittance advice MUST accompany this form as proof of your payment | | |
| **Account name** | | | Institute and Faculty of Actuaries | | **IBAN** | GB98NWBK56002008671990 |
| **Account number** | | | 08671990 | | **Bank name** | National Westminster Bank PLC |
| **Sort code** | | | 56-00-20 | | **Bank address** | Holborn Circus Branch  PO Box No 204  No.1 Hatton Garden  London, EC19 1DU |
| **SWIFT** | | | NWBKGB2L | |
| **Please enter Bank transfer payment reference:**  **(CB3 + candidate’s ARN, e.g. CB3-9000019)** | | | | | | |
| **Visa, MasterCard or Amex – to be paid online in your member’s area of the website** | | | | | | |
| **Do not return this form if you are paying by card.**  **If you wish to pay by credit/debit card, please log into your member’s area and book online.** | | | | | | |