



Application for CERA transfer of supervision

- Please clearly print your name and address in the space provided..
- Forms containing insufficient information cannot be processed and will be returned.

Name: _____

Address: _____

This form must be returned to:
Enter name and address of new CERA body

I wish to transfer my CERA designation to the **Enter name and adress of new CERA body** (hereinafter known as “the new CERA body” from my current CERA Award Signatory body **Enter name and adress of curent CERA Award Signatory body**

The reason(s) why I wish to transfer is (are) are as follows:

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I authorise the new CERA body to obtain from my current CERA Award Signatory body, or any other Professional Organisation, all public information regarding disciplinary complaints made, or disciplinary proceedings instituted, against me under the disciplinary rules of any such body either prior to or subsequent to the date on which this authorisation is given;

and I authorise any such body to disclose that information, or any other information in its possession that may affect my eligibility to continue to use the CERA designation, to the new CERA body.

I understand and agree that eligibility for, and continued use of, the CERA credential is conditional upon the regulations of the new CERA body and that the new CERA body may exercise all administrative powers and act in all matters related to the CERA designation as if it was the Award Signatory that awarded the Designation to me.

I agree:

- (i) to conform to such rules, regulations and standards as the new CERA body may from time to time require;
- (ii) that I shall be subject to the Disciplinary Rules of the new CERA body;
- (iii) that I shall complete such Continuing Professional Development (CPD) as is required by the new CERA Body.

I understand, that if, at any time, disciplinary action is taken against me any adverse outcome of this action can be passed to other CERA treaty signatories.

Submission of this form allows the Institute and Faculty of Actuaries to release the details of CERA 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 and understood the terms above.

Applicant name (BLOCK CAPITALS):	Signature:	Date:
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