



International AFIR/ERM Colloquium 2019

Call for Papers

Bursary Application Form

To be completed and returned to secretary@actuary-isoa.com by January 15, 2019

1. Personal details:				
Last (Family) Name:				
First (Given) Name:				
E-mail address:				
Mobile Number:				
Date of birth:				
Place of birth:				
Nationality:				
Title:				
University, Company, other:				
Position held:				
Member of Local Actuarial Asso	ciation:	Yes, Name	No	0
Member of Other Actuarial Asso	ciation:	Yes, Name	No	0
Member of AFIR/ERM Section:		Yes	No	





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Mailing Address:			
City:			
State/Province:			
Postal Code/ZIP:			
Country:			
Phone:			
2. Short Biography: Education	n Background and Resear	ch/Work Experience.	
		•	
max 10 lines)	rovince: Code/ZIP:		





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3.	Why are you competing for the Bursary? Please describe.
4. Ple	Have you participated in previous IAA Section Colloquia, International Congress of Actuaries, IAA Fund Meeting? ase describe.





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5. Have y	Have you already received International Actuarial Association financial Assistance? Please describe.					
Signed						
Date:						