



CPD Programme Record Form

For the year of : _____
Name of Registered Person : _____
Registration Number : _____

Registration History from 1st January to 31st December in this year

Registered Body (PIBA/CIB/IARB/OCI)	From (dd/mm/yy)	To (dd/mm/yy)	Number of Months
Total			

CPD Hours Awarded in this year *

Date	Name of Organizer	Title of Qualified CPD Activity*	CPD Hour(s)
Total			

*** Remarks:**

- 1) Please refer to our Guidelines on IIQAS CPD Programme.
- 2) Documentary proof for declared CPD record shall not be enclosed with this form.
- 3) The Association will ask for the documentary proof under the random audit system.



Declaration

I hereby confirm that I have read-known and fully understood the CPD requirements before completing this CPD record form.

I confirm that all the original document proofs for the captioned declaration will be kept for at least 7 full calendar years and agree such documents be audited by the Professional Insurance Brokers Association (hereafter named as "PIBA") if required.

I hereby authorize the PIBA, the Insurance Authority (IA) and/or the Certifying member(s) to conduct a reference check with the course organizer(s) and/or the relevant organization(s).

I hereby agree and authorize the course organizer(s) and/or the relevant organization(s) to release my personal data in full to the PIBA, IA and/or the Certifying member(s) if required. I agree that copy of this declaration is also be treated as original.

Full Name of the Registered Person: _____

Signature of the Registered Person : _____

Date : _____

Certification

It is hereby confirmed that the registered person named in this CPD record form has fulfilled the CPD requirements and that documentary proofs substantiating the credits claimed have been inspected and verified and are believed to be truth and genuine.

Signature and Company Chop : _____

Full Name of Chief Executive : _____

Full Name of Company : _____

Date : _____