

## CPD REGISTRATION FORM

## CONTINUOUS PROFESSIONAL DEVELOPMENT TRAINING FOR AUTHORIZED DEALING CLERKS

NO. OF REGISTERED DEALING CLERKS:  TITLE: (Please tick  where applicable)  FIRST NAME:  MIDDLE NAME:  SURNAME:  ** Complete page 2 of this form (see back) if more than one participant.* Ensure participant details are all correct.  Amount Paid in Words:									
TITLE: (   Please tick   Mere applicable)   Firm Manager   Trader    FIRST NAME:  MIDDLE NAME:  SURNAME:  EMAIL ADDRESS:  MOBILE:  * Complete page 2 of this form (see back) if more than one participant.* Ensure participant details are all correct.  Amount Paid in Words:		NAME OF DEALING MEMBER FIRM:							
PARTICIPANT DETAILS   Firm Manager   Trader		NO. OF REGISTERED DEALING CLERKS:							
PARTICIPANT DETAILS   FIRST NAME:		TITI F:							
FIRST NAME:  MIDDLE NAME:  SURNAME:  EMAIL ADDRESS:  * Complete page 2 of this form (see back) if more than one participant.* Ensure participant details are all correct.  Amount Paid in Words:  Name  Signature  Date  DD/MM/YY			Firm Manager□	Trader□					
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Name Signature Date DD/MM/YY			e back) if more than one participant.* Ensure	participant details are all correct.					
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DD/MM/YY	Amount Paid in Words: Amount in Figures: <b>N</b>								
DD/MM/YY									
DD/MM/YY	Name								
				DD/MM/YY					
* Submit completed form with copy of receipt at the Market Operations Department for processing.		* Submit completed form w	ith conv of receipt at the Market Operations	Department for processing					
(Evidence of payment should be presented to the Finance Department of The Exchange for an official receipt)									
Official Use Only									
Date	Date								
Dayment Pecaived (Ves/No)	Daum	ant Pacaivad (Vac/Na)							
Payment Received (Yes/No)									

## CONTINUOUS PROFESSIONAL DEVELOPMENT TRAINING FOR AUTHORIZED DEALING CLERKS

Manager

 $\mathsf{Traders} \square$ 

Dealing Member Firm: ......

PARTICIPANT DETAILS									
TITLE:									
Please tick ⊠:	FIRST NAME:	MIDDLE NAME:	SURNAME:	EMAIL ADDRESS:	MOBILE:				
Firm									
Manager□									
Traders□									
Firm									
Manager□									
Traders□									
Firm									
Manager									
Traders□									
Firm									
Manager□									
Traders□									
Firm									

<sup>\*</sup> Ensure participant(s) details are all correct. \* Submit completed form with copy of receipt at the Market Operations Department for processing.

(Evidence of payment should be presented to the Finance Department of The Exchange for an official receipt)