

APPLICATION FOR ACCREDITATION OF CPD COURSE OR ACTIVITY

NAME OF ATTORNEY-AT-LAW: _____

ADDRESS OF ATTORNEY-AT-LAW: _____

TEL. NO. (WORK): _____ **TEL. NO. (MOBILE):** _____

FAX NO. _____

E-MAIL ADDRESS: _____

SUBJECT AREA OF COURSE/ACTIVITY: _____
(e.g., Company Law, Ethics, Succession Law)

TITLE OF COURSE/ACTIVITY: _____
(e.g., "Constructive Trusts between Vendors and Purchasers")

NATURE OF PRESENTATION: _____
(e.g., face to face, seminar)
(Attach copy of course material)

LOCATION OF PRESENTATION: _____

NAME OF PRESENTER: _____

QUALIFICATIONS AND EXPERIENCE OF PROVIDER:

(N.B. Provider may be a group, institution or person taking responsibility for preparation and presentation. Attach additional sheets where necessary)

QUALIFICATIONS AND EXPERIENCE OF PRESENTER:

(N.B. The Presenter is the person who actually delivers the lecture or conducts the seminar or other course or activity. Attach additional sheets where necessary.)

DURATION OF PRESENTATION: _____

**NUMBER OF CREDITS SOUGHT TO
BE ALLOTTED TO THE COURSE/ACTIVITY:** _____

Dated this day of 20

Signed: _____

ATTORNEY-AT-LAW