CPD REPORTING FORM

Period Covered	:	DD/MM/YYY	Y t	o DD/IV	IM/YYYY	
Membership No.	:	FMAAT / SAT /	'MAAT			
NIC No	:					
Full Name	:					
Contact No	;					
Date of	Date of Description		Actual	CPD Credits		Approved
the Activity	e Activity of the Activity		Contact	AAT	Non AAT	CPD credits
			Hours	Sri Lanka Activity	Sri Lanka Activity	(for office use)
					,	
I declare that I understand the CPD requirements and obligations specified in the Continuing Professional Development Scheme hand book applicable to all members of AAT Sri Lanka and that I have complied with the requirements as stated therein.						
The above information is certified as correct.						
The above information is certified as correct.						
Signature of the m	ember	·:		Date	:	
OFFICE USE ONLY Checked the authenticity of the above information.						
•						
Signature of the authorized officer of the Membership Division:						
Remarks:						