

THE INSTITUTE OF CHARTERED PROFESSIONAL MANAGERS OF SRI LANKA

CPD Reporting Form

Period Covered :	DD/MMM/YYYY to DD/MMM/YYYY																			
Membership No.:	FC	CPN	1/N	1CP	M / .	ACF	PM [
NIC No. :]								
Full Name :																				
Contact No. :]									

Data of		СРІ	Annroved			
Date of the Activity	Description of the Activity	CPM Activity	Non-CPM Activity	Approved CPD Credits (for office use)		

I declare that the information contained in this form and documents submitted by me is true, accurate and complete to the best of my knowledge and belief. I acknowledge that any statement contained herein which is known by me to be false may invalidate this form.

Signature of the memberDate.....Date

-----OFFICE USE ONLY ------

Checked the authenticity of the above information

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Signature of the authorized office	٢	Date
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Remarks.....