**Name:**

**IFA membership number:**

**CPD year: from \_\_/\_\_/\_\_\_ to \_\_/\_\_/\_\_\_\_**

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| **Date attended or completed** | **Learning objective** | **Subject area** | **Type (verifiable/non-verifiable)** | **Number of hours** | **Comment** | **Evidence or documentation to support attendance/completion** |
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Member signature: Date: