



APPLICATION FOR EXEMPTION FROM CPD REQUIREMENTS

Full Name _____

Firm/Other: _____

P.C.Type _____

Email Address: _____

Exemption for CPD Year _____

BASIS ON WHICH EXEMPTION IS SOUGHT:

4. Exemptions

4.1 The Society may exempt a practitioner from compliance with this Rule on written application by the practitioner on the ground of:

	Tick applicable
(a) illness or disability	
(b) the location of the practitioner's legal practice	
(c) the absence of the practitioner from legal practice; or	
(d) hardship or other special circumstances	

PLEASE PROVIDE FURTHER INFORMATION AS TO THE CIRCUMSTANCES BELOW (attaching any supporting documentation):

Signed (Print Name) _____

Date: _____