



## APPLICATION FOR EXTENSION OF TIME TO COMPLY WITH CPD REQUIREMENTS

Full Name:

Firm/Other:

P.C.Type

Email Address:

Exemption for CPD Year

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Time sought beyond 30 April:

**PLEASE PROVIDE FURTHER INFORMATION AS TO THE REASON FOR NON COMPLIANCE:**

**How many units are still needed to comply (please include any mandatory categories outstanding where possible)**

**Signed (Print name):** \_\_\_\_\_

**Date** \_\_\_\_\_