

**APPLICATION FOR EXEMPTION FROM CPD REQUIREMENTS**

Full Name: \_\_\_\_\_ Firm/Other: \_\_\_\_\_ P.C. Type \_\_\_\_\_

Postal Address: \_\_\_\_\_

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/s

- (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):**

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Signed .....

Date .....