**Continuing Professional Development Record for Tax Agents**

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| 1. **Tax Agent Details** | | | |
| Tax Agent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Tax Agent Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| CPD Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Listed as: | | 🞎 Indirect Tax | 🞎 Direct Tax |

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| 1. **Details of Structured CPD Programmes** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | | **Name of Provider** | **Location of Provider** | **Name & Description of Activity** | **Outcome of Learning** | **Number of Hours** | | **Evidence** |
| **Start Date** | **End Date** | **Indirect Tax** | **Direct Tax** |
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| Add more rows Badge Follow with solid fill | | | | | | | | |
| **Total** | | | | | |  |  |  |

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| 1. **Details of Unstructured CPD Programmes** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | | **Name of Provider** | **Location of Provider** | **Name & Description of Activity** | **Outcome of Learning** | **Number of Hours** | | **Evidence**  **(Optional)** |
| **Start Date** | **End Date** | **Indirect Tax** | **Direct Tax** |
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1. **Declaration**

🞎 All information provided above is true and valid and all criteria to obtain CPD has been met.

**Signature and Date**

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