SINGAPORE ACTUARIAL SOCIETY

Correspondence Address:
ROBINSON ROAD POST OFFICE • PO BOX 376 • SINGAPORE 900726

CPD Record for the Year _____*(please fill in year)*

Name :	
Company :	
Email-Address :	
Primary Practice Area(s)*	

Date	Event	Detailed Description of Qualifying Activity	No. of hours
		Total	

* eg Life Insurance, General Insurance, Investment, Finance, Health Insurance etc.

Above is an extract from my records, detailing compliance with SAS requirements
I confirm that I have completed the above CPD as described and have met the requirements of PS1.

(signed) _____ (date) From ___ / ___ / ___ (dd/mm/yy) to ___ / ___ / ___ (dd/mm/yy)

SAS Member ID : _____