



**CONTINUOUS PROFESSIONAL DEVELOPMENT TRAINING FOR AUTHORIZED DEALING CLERKS**

<b>PARTICIPANT DETAILS</b>	NAME OF DEALING MEMBER FIRM:			
	NO. OF REGISTERED DEALING CLERKS:			
	TITLE: ( Please tick <input checked="" type="checkbox"/> where applicable)		Firm Manager <input type="checkbox"/>	Trader <input type="checkbox"/>
	FIRST NAME:			
	MIDDLE NAME:			
	SURNAME:			
	EMAIL ADDRESS:			
	MOBILE:			

*\* Complete page 2 of this form (see back) if more than one participant. \* Ensure participant details are all correct.*

Amount Paid in Words: ..... Amount in Figures: **N**.....

Name ..... Signature ..... Date .....  
DD/MM/YY

**\* Submit completed form with copy of receipt at the Market Operations Department for processing.**  
(Evidence of payment should be presented to the Finance Department of The Exchange for an official receipt)

**Official Use Only**

Date.....

Payment Received (Yes/No).....

**CONTINUOUS PROFESSIONAL DEVELOPMENT TRAINING FOR AUTHORIZED DEALING CLERKS**

Dealing Member Firm: .....

Current No. of Registered Dealing Clerks in the firm: .....

PARTICIPANT DETAILS					
TITLE: Please tick <input checked="" type="checkbox"/> :	FIRST NAME:	MIDDLE NAME:	SURNAME:	EMAIL ADDRESS:	MOBILE:
Firm Manager <input type="checkbox"/> Traders <input type="checkbox"/>					
Firm Manager <input type="checkbox"/> Traders <input type="checkbox"/>					
Firm Manager <input type="checkbox"/> Traders <input type="checkbox"/>					
Firm Manager <input type="checkbox"/> Traders <input type="checkbox"/>					
Firm Manager <input type="checkbox"/> Traders <input type="checkbox"/>					

**\* Ensure participant(s) details are all correct. \* Submit completed form with copy of receipt at the Market Operations Department for processing.**  
 (Evidence of payment should be presented to the Finance Department of The Exchange for an official receipt)