Reset Form

**FORM 3**
**(Additional Schedule)**

**(Regulation 19(1))**

# THE LEGAL PROFESSION ACT

THE LEGAL PROFESSION (CONTINUING LEGAL PROFESSIONAL DEVELOPMENT) REGULATIONS, 2013

REPORT BY ATTORNEY-AT-LAW ON CLPD PROGRAMME UNDERTAKEN DURING THE YEAR _____

## ADDITIONAL SCHEDULE

| Title of Course/Activity: | Name of Provider: | Date of Participation: | Venue of Course/Activity: | Duration of participation: | Credits Reporting: |
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Total Credits completed to date : _____

Signed: _____ Dated the _____ day of _____ 20 _____

E-mail: _____ Tel:_____ Fax.:_____

Print Report