



保險中介人持續專業培訓計劃

The Continuing Professional Development Program for Insurance Intermediaries

培訓活動週年覆核／更改資料申請表格

Re-assessment Application Form / Application Form for the Change

舉辦機構名稱： _____

Name of Activity Organizer

培訓活動名稱： _____

Name of the Activity

申請週年覆核，活動編號 INS-CPD-_____ - _____

Apply for CPD activity re-assessment this year, CPD no. INS-CPD-____-____

此活動於上一年度內的舉辦次數為 _____ 次，總培訓人數為 _____ 人。

The activity was held for ____ times in the previous year with _____ participants.

申請更改資料，活動編號 INS-CPD-_____ - _____

Apply for change of CPD activity, CPD no INS-CPD-____-____

所更改的培訓活動資料詳情如下：

State the changes of the activity:

機構負責人聲明：

Declaration of organizer

週年覆核，本人聲明持續專業培訓計劃活動編號 INS-CPD-_____ - _____，只有上述更改／沒有任何更改，請澳門金融學會按原課程資料作週年覆核。

For this Re-assessment application, I declare that there all the contents and procedures of CPD Activity no. INS-CPD-____-____ remain unchanged / only the above changes occurs in the upcoming year.

更改資料，本人聲明持續專業培訓計劃活動編號 INS-CPD-_____ - _____，除上述列明的活動資料有所變動外，其它培訓活動資料不變。

For this application of change, I declare that there all the contents and procedures of CPD Activity no. INS-CPD-____-____ only occurs the above changes while others remain unchanged in the upcoming year.

姓名： _____

Name

職位： _____

Title and Postition

簽署： _____

Signature

日期： _____

Date