

T&C Face-to-Face Training Attendance Form

TRAINING SESSION DETAILS		TYPE OF TRAINING & CPD HOURS <i>Tick "✓" the appropriate box(es) ☐ and state the hour(s) accordingly</i>		Training conducted by <i>(Provider's BDM / Trainer in-charge)</i>
Topic:		<input type="checkbox"/> A&H Hour(s): .....	<input type="checkbox"/> CORE Hour(s): .....	..... Name of Provider's BDM / Trainer
Name of Product Provider:		<input type="checkbox"/> Supplementary Hour(s): .....	<input type="checkbox"/> GI Hour(s): .....	
Date of Event: <i>(Example: 01 Jan 2022)</i>		Form submitted by:  .....		
Time of Event: <i>(Example: 10:00AM to 12:00PM)</i>				

	Name as in NRIC/ Passport	PIAS Code	Branch Name	Sign - In	Sign - Out	Remarks
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