

# CDCS Activity Reporting Form

This form should be completed as each PDU activity is undertaken. Each form should be submitted to either the **ifs** or IFSA at the appropriate time, as detailed in the recertification guidelines.

| NAME | CDCS NUMBER (EG DC12345) |
|------|--------------------------|
|      |                          |

| PDU ACTIVITY UNDERTAKEN (INCLUDE DETAILS OF DATES AND SUPPLIERS IF RELEVANT) |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

| WHAT CAUSED YOU TO UNDERTAKE THIS ACTIVITY? |
|---|
|   |
|   |
|   |
|   |
|   |
|   |

| HOW HAS THE ACTIVITY BENEFITED YOUR DEVELOPMENT AS A CDCS? |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

| WHICH CATEGORY IS THE PDU ACTIVITY CLAIMED FOR? | I | II | III | IV | V | VI | VII |
|---|---|----|-----|----|---|----|-----|
| Total number of hours claimed:                  |   |    |     |    |   |    |     |

| DECLARATION       |   |
|-------------------|---|
| Signature of CDCS | Signature and name of reviewer agreeing contents of claim |
|                   |   |
| Date              | Date  |
|                   |   |

# CDCS Summary Reporting Form

This form should be completed at the end of each three-year recertification cycle. The form should be submitted to either the *ifs* School of Finance or IFSA at the appropriate time, as detailed in the recertification guidelines.

| NAME | CDCS NUMBER (EG DC12345) |
|------|--------------------------|
|      |                          |

| PERIOD OF RECERTIFICATION (EG 1 JANUARY 2007 – 31 DECEMBER 2009) |
|--|
|  |

| NUMBER OF PDUs CLAIMED IN THREE-YEAR RECERTIFICATION PERIOD |
|---|
|   |

| DECLARATION  |   |
|--|---|
| <p>I the undersigned, confirm that as a Certified Documentary Credit Specialist, I have adhered to the recertification guidelines as supplied by the <i>ifs</i>/IFSA</p> <p>Through following these guidelines, I have recorded my professional development on CDCS activity reporting forms and submitted these to the <i>ifs</i>/IFSA as required.</p> |   |
| <p>Signature of CDCS</p> <p>_____</p>  | <p>Signature and name of reviewer agreeing contents of claim</p> <p>_____</p> |
| <p>Date</p> <p>_____</p>   | <p>Date</p> <p>_____</p>  |