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| **CLPD FILING FORM (F1)** |

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| **SECTION 1: PERSONAL INFORMATION** |
| Title\*  | [ ]   | Mr. | [ ]  | Mrs. | [ ]   | Miss | [ ]  | Dr. | [ ]   | Other | Click here to enter text. |
| Surname/family name\*  | Click here to enter text. |
| First name(s)\* | Click here to enter text. |
| Former name(s)\* | Click here to enter text. |
| Gender\* | [ ]  | Female | [ ]  | Male | Nationality\* | Click here to enter text. |
| Roll Number\* | Click here to enter text. |

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| **SECTION 2: CONTACT INFORMATION** |
| Email address(s) \*  | Click here to enter text. |
| Direct line telephone(s) \* | Click here to enter text. | Mobile number(s) \* | Click here to enter text. |

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| **SECTION 3: EMPLOYMENT DETAILS** |
| Name of Firm\* | Click here to enter text. | Name of Managing Partner\*  | Click here to enter text. |
| Date of joining\*  | Click here to enter a date. | Designation (position held) \* | Click here to enter text. |
| Primary address of firm\* | Click here to enter text. | Secondary address of firm | Click here to enter text. |

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| **SECTION 4: COURSE INFORMATION**  |
| Please provide details of all courses attended |
| Course title  | Click here to enter text. | Course date | Click here to enter a date. | Provider Accreditation Code  | Click here to enter text. | Points | Click here to enter text. |
| Course title  | Click here to enter text. | Course date | Click here to enter a date. | Provider Accreditation Code | Click here to enter text. | Points | Click here to enter text. |
| Course title  | Click here to enter text. | Course date | Click here to enter a date. | Provider Accreditation Code | Click here to enter text. | Points | Click here to enter text. |
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| Course title  | Click here to enter text. | Course date | Click here to enter a date. | Provider Accreditation Code  | Click here to enter text. | Points | Click here to enter text. |

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| ***Initial:*** *Please print this form and initial against each declaration and undertaking in the space box provided:*  |
| [ ]  | I DECLARE and undertake that the contents of this application are true and correct; |
| [ ]  | I have read and am familiar with my obligations pursuant to the Continuing Legal Professional Development Accreditation Regulation 240 of 2015 and undertake to comply with the obligations stipulated therein as well as any obligations set out in all other Bylaws and instructions issued by the Government of Dubai Legal Affairs Department from time to time. |
| [ ]  | I understand that for the purposes of considering this application, the Department may request further information and make whatever inquiries that it considers relevant in determining whether to accredit the CLPD Activity, and I undertake to provide the Department with all requested documents and information whenever requested. |
| [ ]  | I confirm that all of the required documents enclosed with this form are authentic and the contents have not been altered, nor changed in any way calculated to mislead the Department. |

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| **Applicant Full Name**  | Click here to enter text. |
| **Signature**  |  |
| **Date** | Click here to enter text. |