

Appendix

Statement of Continuing Professional Development (CPD) Compliance for Trust Officer for the year ended 31 December XX

[This form shall be submitted to the Labuan FSA's Supervision and Monitoring Department by 15 January every year]

I hereby declare that, pursuant to the requirements specified under the Guidelines for Trust Officers, the following information is correct and complete:

Training Programmes Attended

No.	Name of the Approved Trust Officer	Date of Approval	Trust Company Represented (both full-fledged or managed)	Title of Training Attended	Training Date & No. of Days	CPD hours
1.	e.g. Alexa Smith	1/1/2016	(i) ABC Labuan Trust Co. (ii) DEF Managed Trust Co.	1. Introduction to trusteeship 2. Labuan FSA Seminar on AML/CFT 3. MAICSA annual conference 2016: sustainability - shaping the future	1-2/4/16 (2 days) 4-5/6/16 (1.5 days) 1-9/8/16 (2 days)	16 12 18
2.						
Total CPDs hours obtained for the year						46

Name of Trust Company	
Principal Officer	
Signature	
Date	