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|  | **Professional Regulation Commission** |
| **PARTICIPANT’S ATTENDANCE SHEET** |

CPD Council of ACCOUNTANCY

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| **NAME OF**  **PARTICIPANT** | **SECTOR/COMPANY**  **/ORGANIZATION** | **CONTACT NUMBER** | **EMAIL ADDRESS** | **PRC LICENSE NUMBER** | **EXPIRY DATE** | **SIGNATURE** |
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| **CERTIFIED CORRECT BY:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | | | | |