

**BAOA Annual CPD Return Form 2020**

<b>BAOA Current Membership Number:</b>												
<b>Full Name:</b>												
<b>Tick one of the two boxes in this Section</b>												
1. I confirm that I have completed my CPD requirements for the year ended 31 <sup>st</sup> December 2019.		<input type="checkbox"/>										
2. I confirm that I have not complied with my CPD requirements for the year ended 31 <sup>st</sup> December 2019.		<input type="checkbox"/>										
<b>3. Please indicate by ticking in the box if you performed the following:</b>												
Audits or Reviews of Historical Financial Information in accordance with ISAs and ISRE		<input type="checkbox"/>										
Auditing in accordance with ISSAs		<input type="checkbox"/>										
Assurance Engagements other than Audits or Reviews of Historical Information (ISAE)		<input type="checkbox"/>										
Related services in accordance with Pronouncements issued by the IAASB (ISSRS)		<input type="checkbox"/>										
Preparation of Financial Statements in accordance with IFRS, IPSAS or any other Financial Reporting Framework		<input type="checkbox"/>										
Internal Auditing		<input type="checkbox"/>										
Other (Specify): _____		<input type="checkbox"/>										
<b>4. Summary of CPD</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;">Verifiable</td> <td style="width: 50%; padding: 5px; vertical-align: top;">Non-Verifiable</td> </tr> <tr> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> </tr> <tr> <td style="padding: 5px;">.....</td> <td style="padding: 5px;">.....</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">(You may attach a separate sheet)</td> </tr> </table>	Verifiable	Non-Verifiable	.....	.....	.....	.....	.....	.....	(You may attach a separate sheet)		
Verifiable	Non-Verifiable											
.....	.....											
.....	.....											
.....	.....											
(You may attach a separate sheet)												
5. I confirm that the information given in this form is true and accurate. I further confirm that I have maintained and, where appropriate, developed my competence in relation to professional ethics.												
Signature: _____		Date: _____										
<p><i>* Please note that the annual CPD requirement is 80 units/ hours (a minimum of 40 hours must be verifiable)</i></p> <p>Please send your completed forms by 1<sup>st</sup> January 2020</p>												