

# Declaration of Completion of CPD 2018



Pensions  
Management  
Institute

ACHIEVING PENSIONS EXCELLENCE

PMI House  
Floor 20  
Tower 42  
25 Old Broad Street  
London  
EC2N 1HQ  
T: 0207 392 7410  
W: [www.pensions-pmi.org.uk](http://www.pensions-pmi.org.uk)

## Personal Details

Title:	Mr / Mrs / Miss / Ms / Other:		
Surname:		Previous Surname:	
Forenames:		Known As:	
Date of Birth:			

## PMI Membership

Please give your membership number (if known):			
PIN:		Membership Grade:	

## CPD Scheme

Please enter the name of the body operating the CPD scheme you wish to use as a suitable alternative to the PMI's CPD scheme.			
Name:		CPD Year	

## Declaration

I declare I have met the requirements of the above CPD scheme. I understand the PMI may check compliance with the relevant body and that making a false declaration may result in disciplinary action.			
Signed:			

## RETURN DECLARATION TO:

Membership Department, PMI, Floor 20, Tower 42, 25 Old Broad Street, London, EC2N 1HQ <a href="mailto:membership@pensions-pmi.org.uk">membership@pensions-pmi.org.uk</a>			
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### For Office Use Only:

Membership Number	Amount	Date Received