



REQUEST FOR EXEMPTION FROM CCP PARTICIPATION AND/OR AUDIT

Name: _____

Registration number: 90- _____

I hereby request to be exempted from: (Select **one or both** options as applicable)

Participation in the CCP for the year beginning on 1 April, _____ and finishing on 31 March, _____.

Audit of my CCP participation for the year beginning on 1 April, _____ and finishing on 31 March, _____.

REASONS: (Select one or both)

I practised or expect to practise for less than four months in the year noted above. Please briefly outline the reason(s) (e.g., illness, travel, extended leave):

Other. Please explain:

I declare that the information included in this form is true and correct.*

Signed: _____

Date: _____

*You will be informed of the outcome of your request within 10 working days of its receipt at the Board's offices. Please note that false declarations may be subject to section 172 of the HPCA Act.