

LOGO  
OF THE  
PROVIDER

## CERTIFICATE OF ATTENDANCE

[Name of the provider] certifies that

**[FIRST AND LAST NAME OF THE REPRESENTATIVE]**

**[AMF certificate number – 6 digit]**

attended this training activity and complied with the rules of participation and attendance issued  
by the Chambre de la sécurité financière (Chambre de l'assurance)

**[TITLE OF THE ACTIVITY]**

Held on [Date]

Led by [Name of the trainer]

**Recognition number:** CSF00-00-00000

**Number of PDUs/Subject:** 0 PDUs in [Subject]

*Signature of the person responsible for monitoring attendance*

\_\_\_\_\_  
[First and last name in block letters]



*Date of the signature*

\_\_\_\_\_  
Signed on

**Note to the provider:** Please write on this certificate by which method the PDUs will be entered: "You must enter this activity in your PDU file." or "We will ensure this activity is entered in your PDU file."

The representative has a duty and responsibility to make sure that the PDUs are entered in their file before the end of the reference period and they must keep this certificate of attendance for 24 months after the end of the period in order to provide proof to the CSF upon request.