

1. Select the program you want to register for:

<input type="checkbox"/> CIPA ¹ – English	<input type="checkbox"/> CSAA ² – English	<input type="checkbox"/> CPFAS ³ - English
<input type="checkbox"/> CIPA – Arabic	<input type="checkbox"/> CSAA – Arabic	

2. _____
Title (Mr., Mrs., Dr., etc.) First Name Middle Name Last Name

3. Date of Birth: _____ **Gender:** Male Female
DD MM YYYY

4. Nationality: _____ **Religion:** _____

5. National Identity No: _____ **Passport No:** _____

6. Place of Work: _____ **Profession:** _____

7. Father's Name: _____

8. Address for Communication: _____

_____ *City State Country*

_____ *Postal Code Email Mobile No*

9. Qualifications:

Certificates / degrees / title	Name of Institution (School / College/ University)	Country	Faculty / Specialization	Year of completion	Grade / Score / Total Marks

10. Name of Candidate Registration Centre (if applicable) _____ **Country** _____

DOCUMENTS REQUIRED:

- Certified true copy of the certificates and transcripts / licenses
- Recent passport size photograph
- Copy of your National Identity Card or Passport

By submitting this Program Registration Form, I hereby declare the information provided herein is all true and accurate. I undertake to promptly provide AAOIFI with up-to-date and accurate information whenever there is any change therein. I have understood and agreed that AAOIFI may dismiss my participation in the respective program without reimbursing any fees paid at any time if I have been registered to the program and/or any of the program scheme on the basis of inaccurate, false, and/or falsified information. I agree that AAOIFI reserves the right to refuse program registration to any candidates without any duty to disclose the reason(s) for the same.

SIGNATURE: _____ **DATE:** _____

¹ CIPA stands for 'Certified Islamic Professional Accountant (CIPA); for info, visit www.aoifi.com
² CSAA stands for 'Certified Shari'ah Advisor and Auditor (CSAA); for info, visit www.aoifi.com
³ CPFAS stands for 'Certificate of Proficiency in Financial Accounting Standards'; for info, visit www.aoifi.com



EXAM REGISTRATION FORM

CANDIDATE REGISTRATION CENTRE _____

YOUR NAME _____

I hereby register myself for the following CPFAS exam:

Exam date	Selection	Payment and postponement deadline	Exam Location (Centre)
19 June 2023		20 May 2023	
04 December 2023		04 November 2023	

NOTE:

- AAOIFI reserves the right to cancel and/or change the exam date with notification to the Candidate of the same
- The exam center and timing shall be communicated to the Candidate in due time
- Exam late postponement and exam no show fee is USD100

I understand that I have one exam sitting available. Failure to pass the exam at first attempt for the would necessitate a payment of USD 200 per exam sitting as Exam Resit Fees. I also understand that failure to sit for the registered Exam would result in a forfeiture of the available exam sitting and that a new Exam registration, along with payment of Exam Resit Fees, shall be required. I also understand that I need to contact AAOIFI and confirm of the availability of an Exam Centre in my city.

CANDIDATE SIGNATURE: _____

DATE: _____