AAOIFI
ACCOUNTING AND AUDITING ORGANIZATION FOR ISLAMIC FINANCIAL INSTITUTIONS

CIPA
Certified Islamic Professional Accountant

AL-INJAZ INSTITUTE OF
ISLAMIC FINANCE LTD
P.O BOX 17410-00100
NAIROBI - KENYA
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CIPA PROGRAM REGISTRATION FORM

1. **Candidate Registration No (CRN):** _____ *[to be filled by AAOIFI]*

2. _____
Mr/Mrs/Ms *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	*Name of Institution (School / College/ University)*	*Country*	*Faculty / Specialization*	*Year*	*Grade / Score / Total Marks*

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 CIPA Program Registration Form, I hereby declare the information provided herein is all true and accurate. I undertake I shall 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 CIPA 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. I understand that the pre-requisite for CIPA Fellowship is to 1) pass all 4 module exams or get exemptions therefrom; 2) fulfill PER; 3) fulfill the program eligibility criteria; and 4) pay annual fellowship fees.

SIGNATURE: _____ **DATE:** _____