



AAOIFI
ACCOUNTING AND AUDITING ORGANIZATION
FOR ISLAMIC FINANCIAL INSTITUTIONS



AL-INJAZ INSTITUTE OF
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**CIPA MODULE(S) EXAM
REGISTRATION
FORM**

EXAM(S) REGISTRATION FORM

CANDIDATE REGISTRATION NUMBER (CRN) _____

(leave empty if you don't have it)

YOUR NAME _____

I hereby register myself for the following CIPA Module(s) exam(s):

CIPA Module(s)	Selection	Exam Date	Exam Location (Country)
Financial Accounting and Reporting (FAR)	<input type="checkbox"/>	9 December 2019	<input type="text"/>
Auditing, Assurance, and Ethics (AAE)	<input type="checkbox"/>	10 December 2019	<input type="text"/>
Business and Regulatory Environment (BRE)	<input type="checkbox"/>	10 December 2019	<input type="text"/>
Shari'ah Standards and Shari'ah Governance (SS&SG)	<input type="checkbox"/>	11 December 2019	<input type="text"/>

NOTE:

- You may register for more than one module exam by tick-marking the "Selection" box
- 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

I understand that I have one exam sitting available per module. Failure to pass the exam at first attempt for the given module 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: _____