

EXAM REGISTRATION FORM

CANDIDATE REGISTRATION CENTRE

AL-INJAZ INSTITUTE OF ISLAMIC FINANCE

YOUR NAME

I hereby register myself for the following CSAA exam:

Exam date	Selection	Registration and postponement deadline	Exam Location (Centre)
Wednesday, 25 September 2019		25 August 2019	
Wednesday, 11 December 2019		04 November 2019	

NOTE:

- AAOIFI reserves the right to cancel and/or change the exam date with notification to the Candidate of the same
- The exam centre contact details and timing shall be communicated to the Candidate in due time

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: _____