



CIPA MODULE(S) EXAM REGISTRATION FORM

EXAM(S) REGISTRATION FORM

CANDIDATE REGISTRATION NUMBER (CRN)		
YOUR NAME		(leave empty if you don't have it,
I hereby register myself for the following CIPA Module	e(s) exam(s):	
CIPA Module(s) Selection	Exam Date	Exam Location (centre)
Financial Accounting and Reporting (FAR)	03 June 2024	
Auditing, Assurance, and Ethics (AAE)	04 June 2024	
Business and Regulatory Environment (BRE)	04 June 2024	
Shari'ah Standards and Shari'ah Governance (SS&SG)	05 June 2024	
 Payment and postponement deadline for the You may register for more than one module AAOIFI reserves the right to cancel and/or chesame The exam center and timing shall be communded Exam late postponement and exam no show Home exams are not conducted on the above I understand that I have one exam sitting available given module would necessitate a payment of USD 20 failure to sit for the registered Exam would result in a registration, along with payment of Exam Resit Fees AAOIFI and confirm of the availability of an Exam Center 	exam by tick-marking the "Se nange the exam date with no nicated to the Candidate in defee is USD100 e scheduled exam dates over module. Failure to pass to per exam sitting as Exam a forfeiture of the available examphall be required. I also up	election" box stification to the Candidate of the lue time the exam at first attempt for the Resit Fees. I also understand that exam sitting and that a new Exam
CANDIDATE SIGNATURE:	DA	ATE: