



EXAM REGISTRATION FORM

CANDIDATE REGISTRATION CENTRE _____

YOUR NAME _____

I hereby register myself for the following CPSS exam:

Exam date	Selection	Payment and postponement deadline	Exam Location (Centre)
05 June 2024		02 May 2024	
25 September 2024		22 August 2024	

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
- Home exams are not conducted on the above scheduled exam dates

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: _____