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 I am required to fulfill Eligibility Criteria for the CIPA Program within 3 years of the registration, otherwise I shall stand disqualified, all payments and any module(s) and PER results be considered forfeited and null and void, and will be required to register and pay for the CIPA program anew.

SIGNATURE: _____ **DATE:** _____