

**EXAM REGISTRATION FORM**

**CANDIDATE REGISTRATION CENTRE** \_\_\_\_\_

**YOUR NAME** \_\_\_\_\_

I hereby register myself for the following CSAA exam:

Exam date	Selection	Registration and postponement deadline	Exam Location (Centre)
31 March 2021	<input type="checkbox"/>	25 February 2021	<input type="checkbox"/>
30 June 2021	<input type="checkbox"/>	27 May 2021	<input type="checkbox"/>
29 September 2021	<input type="checkbox"/>	26 August 2021	<input type="checkbox"/>

**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:** \_\_\_\_\_