

**SECTION 1: REGISTRATION**

Please read and complete all sections. Do not leave any field blank. Write 'NA' where not applicable. Incomplete applications will not be processed. Please email a complete form to sheila@isra.my or mail to ISRA@INCEIF, Lorong Universiti A, 59100 Kuala Lumpur, Malaysia.

A. APPLICANT PERSONAL INFORMATION			
Complete Name			
Title ( <i>Prof/Dr/Mr/Mrs</i> )		Father's name	
NRIC/Passport No.		Gender	
Company name			
Job title		Place of work	
Department			
Student ID no.(current)		Institution	
Complete Mailing Address *Postcode/Z.I.P no:			
Nationality		Religion	
Email		Contact No.	

B. ACADEMIC QUALIFICATIONS					
Level ( <i>Bachelor, A-Level, etc</i> )	Field of study/ Programme/ Specialisation	Grade/ score	Name of the University/ Institution	Country	Year of graduation

C. OTHER QUALIFICATION/ATTACHMENT ( <i>professional certificate, licence, advisory, previous working experience</i> )			
Type	Institution/ Organizer	Position ( <i>participant/staff/ trainer</i> )	Year & Duration

**Documents checklist** :

<input type="checkbox"/>	1) Certified true copy of all qualifications, certificates, transcripts or licenses <b>listed above (B &amp; C)</b> ;
<input type="checkbox"/>	2) A copy of your national identity card/passport;
<input type="checkbox"/>	3) One passport size photo

*Please attach each required document according to section.*

**Declaration:**

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

**SECTION 2: MODULE & PER REGISTRATION / EXEMPTION REQUEST**

Candidate Name	
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I wish to register for examination for the following:

A. EXAMINATION 2018			
Paper(s)	Exam date ☒		Exam location (ISRA/others)
1) FAR = Financial Accounting & Reporting	<input type="checkbox"/> 4 June	<input type="checkbox"/> 3 Dec	
2) AAE = Auditing, Assurance, & Ethics	<input type="checkbox"/> 5 June	<input type="checkbox"/> 4 Dec	
3) BRE = Business & Regulatory Environment	<input type="checkbox"/> 6 June	<input type="checkbox"/> 5 Dec	
4) SS&SG = Shari'ah Standards & Shari'ah Governance	<input type="checkbox"/> 7 June	<input type="checkbox"/> 6 Dec	
5) PER = Practical Experience Requirement	No exam		

B. REQUEST FOR EXEMPTION		
Paper(s)	Tick here ☒	State specific grounds in support of your application for exemption; and attach all relevant documents as proof
1) FAR	<input type="checkbox"/>	
2) AAE	<input type="checkbox"/>	
3) BRE	<input type="checkbox"/>	
4) SS&SG	<input type="checkbox"/>	
5) PER	<input type="checkbox"/>	

**Documents checklist ☒**

An exemption request can only be submitted once. Please tick to confirm you have enclosed the following documents where applicable:

<input type="checkbox"/>	A copy of full academic transcript (official exam results for the degree/certification/qualification)
<input type="checkbox"/>	Proof that 70% of your university degree/ professional qualification matches with or exceeds that of the CIPA Module(s) from which exemption is sought (Official course descriptions, grading, syllabus, learning outcomes for the courses).
<input type="checkbox"/>	For PER exemption only: Employment Certificate issued by Human Resources of your organization <b>with</b> a detailed job description
<input type="checkbox"/>	Application Processing Fee of USD 100/- per Module & for PER

Please attach each required document according to section.

**Declaration:**

I testify, where applicable, that at least 70% of my university degree / professional qualification matches with or exceeds that of the CIPA course from which exemption is sought. I hereby certify that to the best of my knowledge all the information I have provided on this form and all supporting documents are true and correct and I agree to abide by the CIPA Exemption Scheme and all rules related thereto.

I hereby understand that should the application for exemption from module(s) exemptions and/or PER is rejected on basis of non-fulfilment of exemption requirement, I will forfeit the per Module & PER Exemption Application Fee of USD 100/-. And that in the event the application for exemption is accepted, AAOIFI shall reimburse the Fee by way of deduction in the total fees payable.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 3: PAYMENT OPTION FORM**

Candidate Name	
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A standard fee for CIPA is USD 2,200. AAOIFI offers the following types of discounts:

10% discount (USD 2,200)	4x instalments (USD2,520)				2x instalments (USD2,160)	
Full amount USD1980	USD540	USD648	USD648	USD648	USD1080	USD1080
4 exams/modules	1 exam	1 exam	1 exam	1 exam	2 exams	2 exams

20% discount (USD 2,200)	4x instalments (USD2,240)				2x instalments (USD1,920)	
Full amount USD1760	USD480	USD576	USD576	USD608	USD 960	USD960
4 exams/modules	1 exam	1 exam	1 exam	1 exam	2 exams	2 exams

**A. Discount :**

- 10% Discount: AAOIFI Institutional Members/ employed at AAOIFI members or partners' institutions.
- 20% Discount: Non-AAOIFI Institutional Members

**B. Select fee option:**

- 1) Please select your preference :
- Option 1: Full payment
  - Option 2: By instalment (4 times)
  - Option 3: By instalment (2 times)
- 2) Payment by :
- Individual
  - Company

3) Invoice details

- a) Name & Designation: \_\_\_\_\_
- b) Complete Address: \_\_\_\_\_
- c) Email address: \_\_\_\_\_

**Disclaimer:**

Examination fees are Not Refundable if the Exam confirmation and appointment has been set and send. AAOIFI/ISRA assumes no liability or responsibility for cancellation of the program beyond its immediate control.

**Payment:**

All payment or transfer should be made payable to the following account:

Bank Name : Ithmaar Bank, Bahrain, Main branch  
Swift Code : FIBHBHBM  
IBAN : BH13FIBH01020215950061 (A/C: 501-02021595-0061)  
Favoring : Accounting & Auditing Organization for Islamic Financial Institutions (AAOIFI)

Note: Please Note that we have to receive the full invoice amount, the Bank charges have to be paid by the customer. Kindly include your invoice numbers as reference for your transfer.

I fully understand the payment options plan and agree to pay all Fees applicable in full and on time to the best of my ability.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_