

**EXAM REGISTRATION FORM**

**CANDIDATE REGISTRATION CENTRE**

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**YOUR NAME**

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I hereby register myself for the following CPFAS exam:

Exam date	Selection	Exam Location (Centre)
23 June 2025		
01 December 2025		

**NOTE:**

- June session Registration and Postponement deadline is **22 May 2025** and Payment deadline is **24 May 2025**
- December session Registration and Postponement deadline is **30 October 2025** and Payment deadline is **01 November 2025**
- 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

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 new Exam registration, along with payment of Exam Resit Fees, shall be required. I also understand that I need to contact AAOIFI and confirm the availability of an Exam Centre in my city.

**CANDIDATE SIGNATURE:** \_\_\_\_\_

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