



EXAM REGISTRATION FORM

CANDIDATE REGISTRATION CENTRE

YOUR NAME

I hereby register myself for the following CPSS exam:

Exam date	Selection	Exam Location (Centre)
16 April 2025		
24 September 2025		

NOTE:

- April Registration and Postponement deadline is **12 March 2025** and Payment deadline is **14 March 2025**
- September session Registration and Postponement deadline is **20 August 2025** and Payment deadline is **22 August 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 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: _____