

EXAM REGISTRATION FORM

CANDIDATE REGISTRATION NUMBER (CRN) _____

(leave empty if you don't have it)

YOUR NAME _____

I hereby register myself for the following CPFAS exam:

Exam Date	Selection	Registration and payment Deadline	Exam Location (centre)
13 April 2026		31 March 2026	
08 June 2026		01 May 2026	
07 December 2026		07 November 2026	

NOTE:

- Exam late postponement, exam no show fee is USD100 per exam.
- Candidates must finalize their registration for the exam and confirm their chosen exam centre before or by the Registration deadline.
- AAOIFI reserves the right to cancel and/or change the exam date with notification to the Candidate of the same.
- Exam centre contact information and exam timing shall be communicated to the Candidate in due time.

I understand that I have one exam sitting available per module. Failure to pass the exam at first attempt for the given module would necessitate a payment of USD200 per exam sitting as Exam Re-sit 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 no show 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: _____