ISLAMIC FINANCE QUALIFICATION
EXAMINATION ENTRY FORM

All exam prices include a hard copy version of the workbook. Please see note 10 for further details.

REGISTRATION FEE:
The registration fee is a single payment for every candidate taking an examination. Once the fee is paid in respect of a named candidate there is no repeat of this fee required, no matter how many times a candidate takes CISI examinations, including other CISI qualifications. The Registration Fee includes student membership which is provided for a full 12 months from exam booking date (Note 1).

UK £60 International £35

EXAM

| Islamic Finance Qualification (English) | £329 | £331 | £239 | ..... / ...... AM/PM | ..... / ...... AM/PM |
| Islamic Finance Qualification (Arabic)  | £329 | £331 | £239 | ..... / ...... AM/PM | ..... / ...... AM/PM |

WORKBOOK POSTAGE (MAINLAND UK FREE POSTAGE)

If you live in any other location please contact Customer Support for postage cost and include here

| £16 (Isle of Man) |
| £19 (Channel Islands) |

REVISION AID (tick this box to include Revision Express Interactive at discount price when booking your exam and workbook) £16

£ TOTAL (A+B+C+D) (all prices include VAT where applicable) (£)

Please ensure you have included the Registration Fee if applicable

1. STUDENT MEMBERSHIP: For details of the benefits of CISI student membership please consult the CISI website: cisi.org/mgrade.

2. CHANGE OF NAME: If you have changed your name since your last exam please send us a copy of the relevant documentation, eg, marriage certificate, marked for the attention of the Data Integrity Executive. Failure to submit the relevant documentation may result in refusal of entry to an exam or incorrect exam certificate being provided.

3. TRANSFER AND WITHDRAWAL POLICY: Before booking your examination place, please read the Transfers, Withdrawals, Resits & Late Entries policy (9) on the CISI website: cisi.org/exampolicies.

4. CANDIDATE NUMBER: If you have previously taken examinations with the CISI please insert your Candidate Number if known. Otherwise, leave blank.

5. COMPUTER BASED TESTING EXAMINATIONS (CBT): The opening hours for UK venues only are available on the CISI website. Please note dates cannot be guaranteed as bookings are subject to availability. Early booking is advised. For a full list of CBT venues, please consult the CISI website: cisi.org/cbtmaps.

6. EXAMINATION FEES: VAT not applicable. If this form is more than 12 months old (see issue date on front, in bottom left hand corner), it is advisable to telephone to check that the fees are current. Payment can be made by American Express, Delta, Eurocard, MasterCard, Visa Debit and Visa. Please complete the details below.

7. CHANGE OF ADDRESS: Please notify the CISI promptly of any address change.

8. SPECIAL NEEDS: Candidates with special needs should notify the CISI at least 28 days prior to the examination to allow appropriate arrangements to be made. All requests for extra time must be supported by an original of the medical/educational psychologist’s report at the time of lodging this registration.

9. REGULATIONS: The examination regulations can be viewed on the CISI web site: cisi.org/exampolicies, then select CISI Exam Regulations. You will be sent a link to the examination regulations with your exam entry acknowledgement.

10. PRICES: Prices for UK examination entry includes hard copy of workbook and free pdf soft copy.
**Notes & Payment Details**

**PERSONAL DETAILS:** Please print in capitals

- **Surname:** (Note 2) [Insert Surname]
- **Forename(s):** [Insert Forenames]
- **Home address:** [Insert Home Address]
- **Postcode:** [Insert Postcode]
- **Date of birth:** [Insert Date of Birth]

<table>
<thead>
<tr>
<th>Personal Details</th>
<th>Candidate Number</th>
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<tbody>
<tr>
<td>Surname: (Note 2)</td>
<td>Title:</td>
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<tr>
<td>Forename(s):</td>
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<td>Home address:</td>
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**EMPLOYMENT DETAILS:** Please use Company Stamp if possible (Note 7)

- **Name of firm:** [Insert Name of Firm]
- **Firm’s address:** [Insert Firm’s Address]
- **Position held:** [Insert Position Held]
- **Office telephone:** [Insert Office Telephone]
- **Email address:** [Insert Email Address]

Please indicate with a tick where you would like correspondence to be sent: [ ] Home [ ] Work [ ] Email

**PAYMENT:** Please fill out the appropriate information

- **Account Firms:** [ ] Please invoice. Invoice recipient name: [Insert Invoice Recipient Name] Job title: [Insert Job Title]
- **Payment by Cheque:** Cheques should be made payable to ‘Chartered Institute for Securities & Investment’ and crossed ‘Account Payee only’. [ ] Cheque attached
- **Payment by Card:** The Chartered Institute for Securities & Investment accepts payment by certain types of payment card – American Express, Delta, Eurocard, MasterCard, Visa Debit and Visa. If you would prefer to make your payment in this way, please complete the information requested below. Forms may be faxed or posted to the Institute. If submitting the original form after having sent it by fax, please tick this box to ensure you are not charged TWICE: [ ]

I wish to pay by *American Express/Delta/Eurocard/MasterCard/Visa Debit/Visa* *Delete as applicable

- **Card number:** [Insert Card Number]
- **Expiry date:** [Insert Expiry Date]
- **Start date:** [Insert Start Date] * Visa Debit/AMEX issue date: [Insert Visa Debit/AMEX Issue Date] Visa Debit only issue no: [ ] Security code: [Insert Security Code]

* If you do not wish to send your credit card information via the post, please contact our Customer Support Centre - Telephone +44 20 7645 0777

**Cardholder’s name:** (if different to that on previous page of this form)

[Insert Cardholder’s Name]

**Cardholder’s address:** (if different to that on previous page of this form)

[Insert Cardholder’s Address]

**Cardholder’s signature:** [Insert Cardholder’s Signature]

Telephone: [Insert Telephone Number]

**DECLARATION:**

I agree to be bound by the Chartered Institute for Securities & Investment examination regulations (Note 9) and the terms and notes specified in this entry form. The Institute reserves the right to publish examination results. Results will be available to the FCA or other regulator.

Candidate’s signature: [Insert Candidate’s Signature] Date: [Insert Date]

Unsigned forms and forms signed on behalf of candidates are NOT accepted.

Please send/fax both pages of this form to:

Customer Support Centre, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY

Telephone: +44 20 7645 0777 Facsimile: +44 20 7645 0601 Email: customersupport@cisi.org

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