

FUNDAMENTALS OF ISLAMIC BANKING AND FINANCE EXAMINATION ENTRY FORM

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

REGISTRATION FEE:

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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	Examination Entry (see note 10)	International Examination Entry (see note 10)	Exam Resit (see note 10)	1st Choice Exam Date (Note 3 + 5)	2nd Choice Exam Date (Note 3 + 5)		
В	EXAM								
	Fundamentals of Is	lamic Banking and Finance	£153	£162	£94	/ / AM/PM	/ / AM/PM		
С	WORKBOOK POSTA	£16 (Isl	le of Man)	£19 (Channel Islands)					
	If you live in any oth	you live in any other location please contact Customer Support for postage cost and include here							
D	REVISION AID (tick	ION AID (tick this box to include Revision Express Interactive at discount price when booking your exam and workbook) 🗌 £16 (see note 10)							
	£ TOTAL (A+B+C+D)) (all prices include VAT where applica	ble):	£			e you have included the ee 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. Additional postage applies. Prices for international examination entry include pdf workbook and Revision Express Interactive. Resit prices are for UK examination entry or international candidates re-sitting the examination.



NOTES & PAYMENT DETAILS

PERSONAL DETAILS: Please print in capitals							eg. Mr/Mrs/Miss/Ms	CANDIDATE NUMBER: (Note 4)			
Surname: (Note 2)							Title	:			
Forename(s):									EXAM LOCATION: (Note 5)		
Home address:											
						Postco	de:		EXAM FEES: (Note 6)		
						Date of bi	th·		Employer-sponsored		
EMPLOYMENT DETAILS: Please use Company Stamp if possible (Note 7)											
Name of firm:											
Firm's address:											
								Post	code:		
Position held:											
Office telephone:											
·											
Email address:											
Please indicate with a tick where you would like correspondence to be sent:											
PAYMENT: Please fill out the appropriate information											
Account Firms: Please invoice. Invoice recipient name: Job title:											
Payment by Cheque: C	heques sho	ould be m	ade payak	ole to 'Cl	hartered	Institute for S	curities & Inv	estment' and crossed	'Account Payee only'. Cheque attached		
Payment by Card: I wi	ish to pay b	y: * Ameri	ican Expre	ess/Delt	a/Euroc	ard/MasterCa	rd/Maestro/	Visa *Delete as applicab	e		
Payment by Card: I wish to pay by: *American Express/Delta/Eurocard/MasterCard/Maestro/Visa *Delete as applicable Please contact me or other Other											
by telephone/email* to	make payn	nent on m	ny behalf.								
Telephone number:											
Email address:											
*If you have selected via email you will receive a payment link from customersupport@cisi.org to complete											
Name:											
Signature:											

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.

___ Date: ____

Candidate's signature: _

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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