

REGISTRATION FORM



Please complete and return by e-mail, regular mail or fax.

Please note that the name and title you give here will be printed on participants' list and on certificates.

Participant Information

Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. Other_____

Full Name: _____

Organization: _____ Designation_____

Address: _____

City_____ Country _____

Telephone: _____ Cell _____

Email (Official)_____ Email (Personal)_____

Training Fee

Training fee include admission to event sessions, tea/coffee, lunch, registration materials and certificate.

✓	Event Name	Fee
	Two Days Specialized Training on Practical Aspects of Islamic Finance, Takaful, Islamic Microfinance and Sukuk October 28-29, 2025 in Harare, Zimbabwe	295 USD

By sending in this registration form, I acknowledge that I commit myself to the immediate payment of the full workshop fee. I have taken notice of the cancellation terms on this form.

Additional Instructions

- **Payment is due on registration**
- **Confirmation:** Please allow 3 days for e-mail confirmation of your registration.
- **Cancellation Policy:** AlHuda CIBE do not have any cancelation policy once registration finalized, meanwhile, alternative can be nominated.
- If any candidate share this filled and signed form. She/he will be eligible to pay its registration fee.
- Agreement and Bank Invoice for fee transfer will be shared after receiving filled form
- Payment can be paid in cash

Date:____/____/____ Signature: _____