

CIBFM

ENRICHMENT PROGRAMME

REGISTRATION FORM



Name: _____

IC number: _____

Age: _____

Contact number: _____

Email: _____

Mailing Address: _____

Gender:

Male

Female

Education: _____

Work experience/ previous employment:

Duration of Unemployment (since last job):

Highest Academic Qualification:

Undergraduate

Graduate

Doctorate

Others (Please State)

Last academic institution and year of graduation

Understanding of Islamic Finance (IF):

I know, understand and can apply IF

I know and understand IF but I don't know how to apply it

I understand only the basic concepts of IF

I know IF but I don't understand the concepts

I have no knowledge of IF

Interest in Entrepreneurship:

I am really into it!

I like the idea of entrepreneurship

I am not sure but I would love to try

I am not interested

Reasons for joining CIBFM Enrichment Programme? (You may tick more than one):

Reskill

Improvement & Knowledge

Others: (Please State) _____

Why would you like to be part of CIBFM Enrichment Programme & why it would benefit you?

I hereby declare that all the above-mentioned information given by me is true and correct to the best of my knowledge and belief

Signature

Date
