General Council for Islamic Banks And Financial Institutions

CIBAFI

المجلس العام للبنوك والمؤسسات المالية الإسلامية

Photo

Programme Registration Form

Registration Date: _____

Program Title: _____

Program Date: _____

Full Name (Arabic): _____

Full Name (English): _____

Address: _____

Country: _____ Nationality: _____

EmailID: _____ Mobile: _____

Date of Birth: _____

Academic Certification: _____

Organization Name (Employer): _____

Function / Job Title: _____ Years of Experience: _____

Signature

Registration method: please contact us by email at slibf.edu@centralbsl.com, or the telephone number +252 63 7506885.