REGISTRATION FORM

IFSB-FIS E-Workshop Series : Islamic Collective Investment Schemes (ICIS): Disclosures and Shariah Compliance Requirements (IFSB-19)

13 August 2020

Kuala Lumpur, Malaysia

Organised By:

ISLAMIC FINANCIAL SERVICES BOARD
REGISTRATION FORM

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PARTICIPANT DETAILS

Name (Prof./ Dr./ Mr./ Ms./ others): ........................................................................................................................
Position: ..........................................................................................................................
Department: ....................................................................................................................
Company: ............................................................................................................................................................
Address: ..............................................................................................................................................................
Postcode: ..........................................................................................................................
City: ..........................................................................................................................
Country: ..........................................................................................................................
Nationality: ....................................................................................................................
Mobile: ..........................................................................................................................
Telephone: .....................................................................................................................
Fax: ..........................................................................................................................
E-mail: ..........................................................................................................................

EVENT FEES (Please indicate (X) in the appropriate box)

THIS IS A NON-PAYING EVENT

PARTICIPATION DETAILS (Please indicate (X) in the appropriate box)

I will be attending the following event(s):

CONFIRMATION OF PARTICIPATION

Confirmation of participation is subject to availability of seats (first-come-first-serve basis*) and issuance of a confirmation letter by the IFSB Secretariat. The Secretariat reserves the right not to allow admission on the event day

* Priority of confirmation is given to members of the IFSB.
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<tr>
<th>PARTICIPANT'S LOGISTICS</th>
<th>N/A</th>
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<tbody>
<tr>
<td>HOTEL RESERVATION</td>
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<td>CHANGE OF REGISTRATION DETAILS</td>
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<tr>
<td>Should there be any changes in your contact information or for further enquiries, kindly contact:</td>
<td></td>
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<td>tel:</td>
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<td>Email: Fax:</td>
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The completed registration form should be sent to the IFSB Secretariat
(Attention)
Email: Fax: