

Awards Nomination Form

APPLICANT

Entity / Unit: _____

Address: _____

Head of Organization/Director: _____

Tel: _____ Email: _____

CATEGORY

Category you are applying for: _____

Specify reasons- why your organization deserves the award? _____

(Attach additional Page if required)

CONFIRMATION BY APPLICANT

(Nomination Forms should be signed either by the CEO / CFO / COO / Head of Department of the respective Entity / Unit)

I/We hereby confirm the nomination and acknowledge that I/We will be required to supply relevant information and financial documents for the judging process.

Full Name & Designation: _____

Additional/Supplementary Information Attached? Yes _____ No _____

Company Profile (Maximum 500 words) Attached? Yes _____ No _____

_____ Date: _____

Signature & Company Seal

CENTER OF ISLAMIC BANKING AND ECONOMICS

AlHuda CIBE FZ LLE - U.A.E (Advisory, Consulting & Capacity Building)
P.O.Box. 120867, Dubai - U.A.E. Ph: +971 56 929 6664, +971 55 938 9900



info@alhudacibe.com www.alhudacibe.com/awards2021