

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

First name _____ Last name _____

Organization _____ Designation _____

Country _____

Telephone: _____ Fax: _____ E-mail: _____

Training Fee

Training fee includes registration, training material & Literature, Books & Research Material, Presentations, Certificates and Market intelligence.

Event Name	Participant Fee
One Day Specialized Training on TAKAFUL (Islamic Insurance) August 09, 2022 Venue: Radisson Blu Mammy Yoko Freetown, Sierra Leone	195 USD

Account details

****The Payment will proceed without any tax deduction.**

Beneficiary Name: **ALHUDA CIBE FZ LLE**
Beneficiary A/C#: **097525270106001**
Bank Name: **Dubai Islamic Bank**
Bank Address: **Dubai U.A.E**
Bank Branch: **Shaikh Zayed Road Branch**
Swift Code: **DUIBAEAD**
IBAN: **Ae29 0240 0975 2527 0106 001**

Additional Instructions

- ❖ **Payment Information:** Registration forms must be accompanied by full payment in order to be processed.
- ❖ **Full payment** is due on registration.
- ❖ **Confirmation:** Please allow 3 days for e-mail confirmation of your registration.
- ❖ **Cancellation Policy:** AlHuda CIBE does not have any cancellation policy once registration is finalized, meanwhile, an alternative can be nominated.

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



Return Address:
E-mail: info@alhudacibe.com
Web: www.alhudacibe.com

Date: ___/___/___ Signature: _____