

$\begin{array}{l} \textbf{MASTERS IN ISLAMIC FINANCE PRACTICE (MIFP)} \\ \textbf{Application Form} \end{array}$

NAME :		
I/C NO :	DATE OF BIRTH:	SEX:
CORRESPONDENCE ADRE	SS:	
NATIONALITY:	E-MAIL:	
TELEPHONE NO:	(MOBILE)	(HOME)
PRESENT OCCUPATION: _		
(IF DR,LICENSE NO.):		_
BROKER		
QUALIFICATIONS:(PLEASE ATTACH PHOTOC		ERTIFICATES AND DOCUMENTS)
REASON FOR PURSUING T	THIS COURSE:	
WORKING EXPERIENCES:		
FEES THE SUCCESFUL APPLICA BEFORE THE COMMENCE		TIFIED AND FEES WILL HAVE TO BE PAID
SIGNATURE :		_ DATE:
PLEASE SEND THE COMP PHOTOGRAPHS AND PHOTOGRAPHS		HER WITH TWO RECENT PASSPORT SIZE CERTIFICATES TO:

PERSATUAN REMISIER BUMIPUTERA MALAYSIA(PRIBUMI) ROOM 26, LEVEL 5, TOWER 1, RHB CENTRE, JALAN TUN RAZAK, 50400 KUALA LUMPUR

TEL: 03 92815195 FAX: 03 92815087