



## Registration form

Please print clearly in black ink and BLOCK CAPITALS

**1 Personal details** Please attached your passport copy with this form

Family name as appears in passport

First name(s) as appears in passport

Title (Mr/Mrs/Miss/etc)  Nationality  Date of Birth  -  -  Male  Female

Home/Office address

Postcode  Country

City  Street

Tel No  Mobile

Email

**2 Course/s to register** You may tick one or more categories

Course Category  Accounting/Auditing  Financial Management  Islamic Finance  Legal/Law  Human Rights  
 Anti-Corruption  Management/Administration  School Administration  Engineering  Hotel  
 Hospital  Secretarial

Course/s Name Put a comma (,) for multiple courses

|                        |   |   |
|------------------------|---|---|
| 1 <sup>st</sup> Course | Starting Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | Mode of Study <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Exam Only |
| 2 <sup>nd</sup> Course | Starting Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | Mode of Study <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Exam Only |
| 3 <sup>rd</sup> Course | Starting Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> | Mode of Study <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Exam Only |

**3 Academic qualifications** Please list details of highest qualification. Education certificate copy should be attached with this form.

Name of course/awarding body

Completion Date (mm/yy)  -

**4 Work Experience (Optional)***Please list details of your current position only*

Current Position Held

Company Name (optional)

**5 Personal Statement (Optional)***Please use this section to tell us your reasons for wanting to study this course/s.***Declaration**

I confirm that the information given on this form is true, complete and accurate.

Signed

Date

--**Payment Details***Payment should be made at least 10 days before the course starting date.*

Total Fees to pay

Currency

Amount in Words

Payment Method

- Cash (Please visit the Institute if payment is cash.)
- Cheque (Current dated only. Please attached scanned copy of cheque.)
- Bank Transfer (Please attached transaction copy along with this form.)

A/C Name: Arab Institute

Bank: Emirates Islamic Bank, Al Rigga Deira, Dubai, UAE

A/C No : 0015 742757 001

IBAN No: AE81 0340 0000 1574 2757 001

**Documents Attached** Passport copy  Education certificate copy  Payment receipt copy**Course Coordinator***Please indicate to whom you're dealing with*For more information, please [contact us](#).