

**APPLICATION FOR THE REGISTRATION OF A SHARIAH ADVISER /RENEWAL
OF THE REGISTRATION OF A SHARIAH ADVISER (INDIVIDUAL)**



Application for

Registration

Renewal

Personal Details

Full name of applicant : _____
Identity card no. : _____
Passport number: : _____ Country of issue : _____
Date and place of birth : _____
Gender : _____
Nationality : _____

Address and Contacts Details

Residential address : _____

Office Address : _____

Tel No. : Home : _____
Office : _____
Mobile : _____
Fax : _____
Email : _____

Academic or Professional Qualification			
Qualification	Institution of Learning	Country	Year

Employment History			
Name of Employer	Designation Held	Description	Period

Published works, Research, Paperwork, Facilitator, etc	
Topic	Year

Courses Attended	
Title	Year

Membership as Shariah Adviser in Other Organisations	
Organisation	Year

Declaration		
I hereby declare that all information given in this application and the attached documents are true and accurate.		
Signature	:	_____
Date of Signature	:	

Notes

- (i) Please tick (✓) in the relevant boxes, where appropriate.
- (ii) If a question is not applicable, please state "N/A" in the space provided.
- (iii) Please initial on each page, including the additional sheets.
- (iv) If the space provided is insufficient for your requirements, please continue on a separate sheet of paper. Please indicate which question your additional information relates to.