



## ECF Certification Renewal Form 2019

**\* Mandatory fields**

SECTION A: PERSONAL DETAILS			
Membership No*:	ECF Certification*:	<input type="checkbox"/> CAMLP <input type="checkbox"/> CRWP	<input type="checkbox"/> AAMLPL <input type="checkbox"/> ARWP
Title: <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms			
Name in English (as shown on identity document)		(Surname) (Given Name)	Name in Chinese (as shown on identity document)
HKID /Passport No.:		Date of Birth (dd/mm/yyyy)*:        /        /	
Mobile No. (Hong Kong/Macao/China)*:			
Correspondence Address (Please put a "✓" in the appropriate box)		<input type="checkbox"/> Residential	<input type="checkbox"/> Office
Residential Address :		Residential Tel No. :	
Office Address :		Office Tel No. :	
E-mail (Primary)*:		E-mail (Secondary):	

SECTION B: EMPLOYMENT DETAILS AND RELEVANT PRACTITIONERS DECLARATION	
Name of Current Employer*:	
Department*:	Job Title*:
Other employment information (Please put a "✓" in the appropriate box)	
<b>Position</b>	<input type="checkbox"/> CEO / Director <input type="checkbox"/> Senior Management <input type="checkbox"/> Middle Management <input type="checkbox"/> Officer <input type="checkbox"/> Clerical <input type="checkbox"/> Others: _____
<b>Division</b>	<input type="checkbox"/> Asset Management <input type="checkbox"/> Commercial / Corporate Banking <input type="checkbox"/> Compliance & Risk Management <input type="checkbox"/> Fintech <input type="checkbox"/> General Management <input type="checkbox"/> Investment Banking <input type="checkbox"/> Operations & Support <input type="checkbox"/> Private Banking <input type="checkbox"/> Retail Banking <input type="checkbox"/> Treasury <input type="checkbox"/> Others: _____
<input type="checkbox"/> I am currently employed by an Authorized Institution (AI) <sup>1</sup>	
<input type="checkbox"/> I declare <b>I have fulfilled</b> all the requirements as a "Relevant Practitioner" <sup>2</sup> under an AI	

SECTION C: CERTIFICATION RENEWAL FEE 2019 & PAYMENT METHOD (Please put a "✓" in the appropriate box)	
<b>Certification Fee:</b>	
<input type="checkbox"/> HKD1,600 (Certification Fee 2019)	
<b>Payment Method:</b>	
<input type="checkbox"/> Cash (payable only in person at HKIB counter)	<input type="checkbox"/> PPS PPS Merchant Code: <b>9657</b> PPS Payment no.: _____ PPS Payment Reference no.: _____
<input type="checkbox"/> Cheque: made payable to "The Hong Kong Institute of Bankers" (cheque no. _____)	<input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card No. : _____ - _____ - _____ - _____
<input type="checkbox"/> e-Cheque: please state "2019 ECF Certification Renewal" under 'Remarks' and email together with the completed renewal form to <a href="mailto:membership@hkib.org">membership@hkib.org</a>	Name of Cardholder (as on credit card): _____ Expiry Date (MM/YY): ____ / ____      Signature: _____



**NOTES FOR ECF CERTIFICATION RENEWAL**

1. Authorized Institutions (AI) refer to any institutions under Register of The Hong Kong Monetary Authority (HKMA).
2. Relevant Practitioners refer to new entrants or existing practitioners engaged by an AI to perform key roles in designated areas related to the professional workstreams under ECF.
3. All fees (including the Certification Renewal Fee and the Re-registration Fee) paid are non-refundable and non-transferable.
4. If you fail to pay the ECF Certification Renewal fee on or before **31 January of each calendar year**, your HKIB professional designation(s) will be removed. Your name will be removed from the Registers of Certified Individuals (CI) on our website.
5. If you would like to reactivate your professional designation(s), you are required to pay the ECF Certification Fee for the current year plus the Re-registration Fee (HK\$2,000) and declare your CPD fulfillment for current year.
6. Members can choose to return their Membership Application Form to the Institute:
  - in person;
  - by fax (should you choose to fax the form, please do not mail it to the Institute to avoid duplication);
  - by post; or
  - by e-mail: membership@hkib.org
7. The information given and personal data collected will only be used for the purposes of administration and communication by the Institute.

**ACKNOWLEDGEMENT AND DECLARATION**

1. I, the undersigned, declare that the information provided in this form is true and correct and will be used for the purposes of administration and communication by The Hong Kong Institute of Bankers (HKIB).
2. I understand that as a member of HKIB, I shall be bound by the prevailing rules and regulations of the Institute.
3. I have read the **“Notes for ECF Certification Renewal”** before completing this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CHECKLIST**

Before submitting the form, please ensure that: (Please put a “✓” in the appropriate boxes)

- You have completed this ECF Certification Renewal Form.
- You have signed and dated the Acknowledgement and Declaration.
- You have enclosed a cheque or completed the credit card payment instructions (except paid by cash).
- You have completed and enclosed the CPD Declaration Form for 2018.
- You have read the **Notes for ECF Certification Renewal**.

**FOR OFFICE USE ONLY**

Updated by	Verified by	Approved by	IMA no	ACP no:	Confirmation sent
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**Hong Kong Head Office:**

Address: 3/F., Guangdong Investment Tower, 148 Connaught Road Central, Sheung Wan, Hong Kong

Telephone no.: (852) 2153 7800

Fax no.: (852) 2544 9946

E-mail: hkib@hkib.org

Website: <http://www.hkib.org>

**Beijing Representative Office:**

Address: 8/F, Tower 5, Countyard 1, Yuetan South Street, Xicheng District, Beijing, China (Postcode: 100045)

Telephone no.: (86) 10-6657 5550

Fax no.: (86) 10-6657 4966

E-mail: hkib-beijing@hkib.org