



**Application Form for Associate Retail Wealth Professional (ARWP) Certification
(with HKIB Professional Membership)**

Please read carefully the "**Guidelines of Application for ARWP/CRWP Certification**" **BEFORE** completing this application form.

This application form is ONLY for Relevant Practitioner of an Authorized Institution (AI) supervised by the Hong Kong Monetary Authority (HKMA).

Please obtain endorsement from HR department for the verification on Key Roles/ Responsibilities for RWM practitioners (Annex) before submission to HKIB.

Section A: Personal Particulars

(Please use block letters to complete the information requested below. The name should **match** that on your HKID / passport)

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		HKIB Membership: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Please specify the Membership No.)	
Name in English: (as shown on identity document) (Surname) (Given Name)		Name in Chinese: (as shown on identity document)	
HKID / Passport Number (please delete where inappropriate):			
Mobile Phone No. :		Primary Email Address ¹ :	
Correspondence Address:		Secondary Email Address (if any):	
Name of Employer:		Office Telephone No.:	
Position/ Job Title:		Department:	
Office Address:			
Total years of work experiences in Banking and Finance:			
Highest Academic Qualification Obtained:		University / Tertiary Institution:	Date of award:
Other Professional Qualifications:		Professional Bodies:	

¹ Note: All HKIB designations and membership related communication will be sent via email by using the Primary Email Address

Please "✓" the appropriate boxes.

Section B: Eligibility of ARWP certification

Applicants fulfill relevant criteria may apply ARWP certification of ECF on RWM. Please "✓" where appropriate for eligible criteria.

Please "✓"	Eligibility	Certified true copies of relevant documents	Year of Experience Required
<input type="checkbox"/>	Completed Module 1-4 of ECF on Retail Wealth Management (RWM)	Passed examination(s) result	Work experience is not a prerequisite
<input type="checkbox"/>	CFMP™ qualification holder	Professional Diploma in Financial Planning and Management for CFMP™	
<input type="checkbox"/>	Grandfathered at Core Level	Grandfathering approval letter issued by HKIB	

Section C: Disciplinary Actions and Investigations, Financial Status and Character

You are required to answer the following questions by selecting "Yes" or "No".

1. Have you ever been reprimanded, censured or disciplined by any professional or regulatory authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had a record of non-compliance with any non-statutory codes, or been censured, disciplined or disqualified by any professional or regulatory body in relation to your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been investigated about offences involving fraud or dishonesty, or been adjudged by a court to be criminally or civilly liable for fraud, dishonesty or misfeasance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been refused or restricted from the right to carry on any profession for which a specific license, registration or other authorization is required by law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been adjudged bankrupt, or served with a bankruptcy petition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes: If you have answered "Yes" to any of the above questions, please provide more details by attaching all relevant documents relating to the matter(s) at issue.

can write to the HKIB. They understand that HKIB is permitted by law to charge a reasonable fee for the processing of any data access request.

- Personal data provided on the application form will be used by HKIB for the purpose relating to application and admission. For details of the [Policy of Personal Data Protection](http://www.hkib.org) Statement, please refer to the website: <http://www.hkib.org>

Please tick if you **DO NOT WISH** to receive our latest updates and promotional materials through the communication channels as stated above, including discounts, promotion and offers from time to time.

Section F: Acknowledgement and Declaration

- I declare that all information I have provided in this form is true and correct and will be used for the purpose of administration and communication by The Hong Kong Institute of Bankers (HKIB).
- I understand that the fees paid are non-refundable and non-transferable.
- I authorize HKIB to obtain and the relevant authorities to release, any information about my qualifications and / or employment as required for my application.
- I acknowledge that HKIB has the right to withdraw ARWP Certification if I do not meet the requirements.
- I understand that as a member of the HKIB, I shall be bound by the prevailing rules and regulations of the Institute. I agree to abide by HKIB's rules and regulations in [HKIB Members' Handbook](#).
- I agree to notify HKIB of any material changes to my responses to any of the questions in this application, including my contact details. I understand and agree that HKIB may investigate the statements I have made with respect to this application, and that I may be subject to disciplinary actions for any misrepresentation (whether fraudulent and otherwise) in this application.
- I understand and agree to comply with all conditions, requirements, policies and procedures established by HKIB as may be amended from time to time.
- I confirm that I have read and understood the [Policy of Personal Data Protection](#) set out on the HKIB website at <https://www.hkib.org/>, and consent to the terms set out therein. I also understand that the Institute will use the information provided and personal data collected for administration and communication purposes.
- I understand that Professional Membership shall run from 1 January to 31 December in each calendar year. Members who fail to pay their subscription/certification fees by 31 January of each calendar year will be treated as default members and the reinstatement policy will therefore be applied.
- I understand that it is compulsory for all individuals to maintain a valid membership status with HKIB if the applicants want to be certified and maintain HKIB professional designations (e.g. CB, CB (Stage II), CB (Stage I), CFMP, AAML, CAMLP, ARWP, CRWP and ACsP). For all professional designation holders, they have to maintain HKIB professional membership status and fulfill annual CPD requirement.
- I attach herewith copies of ECF on RWM programme's examinations results or grandfathering approval letter.
- I have read and agreed to comply with the "Guidelines of Application for ARWP/CRWP Certification" BEFORE completing this application form.

Signature of Applicant

(Name: _____)

Date



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HR Department Verification on Key Roles / Responsibilities for RWM Practitioners

Note:
Please use BLOCK LETTERS when completing the information requested below.

Current Position / Functional Title	
Full Name of Applicant (as set out on HKID / Passport)	
Name of Employer	
Business Division / Department	
Employment Period (DD / MM / YYYY)	From: To:
Number of Years and Months in Current Position of RWM	_____Years _____Months

Please tick the appropriate key roles / responsibilities in relation to applicant's current functional title / position in authorized institutions.

Key Roles / Responsibilities	Please "✓" where appropriate
1. Promote insurance and financial products to customers and explain product features to retail customers	
2. Assist Relationship Managers in providing professional investment, insurance or wealth planning services to retail customers	
3. Handle customer enquiries in relation to insurance, investment and wealth management services	
4. Dealing in and advising on securities	

Verification by HR Department

The employment information provided by the applicant in this form has been verified to be consistent with the information on the applicant that is retained by the HR department of the applicant's employer (where the organization has a record of this information).

Signature & Company Chop
Name: _____
Department: _____
Position: _____

Date

