



## Application Form for Associate AML Professional (AAMLPL) Certification (with HKIB Professional Membership)

Please read carefully the “**Guidelines of Application for Associate AML Professional (AAMLPL) Certification**” BEFORE completing this application form.

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

### Section A: Personal Particulars

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

<b>Note: Related personal data in your examination and membership records (if you already have membership record(s) kept in HKIB) will also be updated with the information provided in this form.</b>		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr	HKIB Membership: <input type="checkbox"/> Yes _____ (Please specify the Membership No.) <input type="checkbox"/> 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):		
Name of Employer (Authorized Institution):		
Mobile Phone No. :	Office Telephone No.:	
Primary Email Address <sup>1</sup> :	Secondary Email Address (if any):	
Position / Job Title:	Department:	
Office Address:		
Residential Address:		
Correspondence Address: <input type="checkbox"/> Office Address <input type="checkbox"/> Residential Address		
Division (for customized service):		
<input type="checkbox"/> Asset Management	<input type="checkbox"/> Operations & Support	
<input type="checkbox"/> Commercial / Corporate Banking	<input type="checkbox"/> Private Banking	
<input type="checkbox"/> Compliance & Risk Management	<input type="checkbox"/> Retail Banking	
<input type="checkbox"/> General Management	<input type="checkbox"/> Treasury	
<input type="checkbox"/> Investment Banking	<input type="checkbox"/> Others: _____	
Highest Academic Qualification Obtained:	University / Tertiary Institution:	Year of Completion:
Other Professional Qualifications:		Professional Bodies:
Total Number of Years and Months of Work Experience in the AML / CFT Compliance Position _____ Years _____ Months		

<sup>1</sup> Note: All HKIB designations and membership related communication will be sent via email by using the Primary Email Address. Please “✓” the appropriate boxes.



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**Section B: 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, disciplined by any professional or regulatory authority?  
 Yes  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?  
 Yes  No
  
3. Have you ever been investigated about offences involving fraud or dishonesty or adjudged by a court to be criminally or civilly liable for fraud, dishonesty or misfeasance?  
 Yes  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?  
 Yes  No
  
5. Have you ever been adjudged bankrupt, or served with a bankruptcy petition?  
 Yes  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.



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## Section C: Application Fee

Non-refundable Certification Fee for AAMLPL (Valid until 31 December 2020)

- Non-HKIB Member: HKD1,650
- HKIB Student Member: HKD1,650
- HKIB Ordinary Member: HKD570
- HKIB Professional Member: Waived
- HKIB Default Member: HKD3,650

Paid by Employer

A cheque / e-Cheque\* made payable to “The Hong Kong Institute of Bankers”  
(Cheque no. \_\_\_\_\_ )

\* For e-Cheques, please state the programme code under ‘remarks’ and email, together with the completed application form, to [ecf.aml@hkib.org](mailto:ecf.aml@hkib.org)

Credit Card: ( VISA     Mastercard)                      Amount: HKD \_\_\_\_\_

Cardholder’s Name: \_\_\_\_\_    Signature: \_\_\_\_\_

Card No.: \_\_\_\_\_    Expiry Date: \_\_\_\_\_

(mm/yy)

## Section D: Statement on Collection of Personal Data

1. It is necessary for applicants to supply their personal data and to provide all the information requested in the application documents, as otherwise HKIB may be unable to process and consider their applications.
2. The personal data provided in this form will be used for processing your application for membership, programme and examination, statistical and marketing (including direct marketing) purposes. The data will be solely handled by HKIB staff but may be transferred to an authorised third party providing services to HKIB in relation to the above purposes and prescribed purposes as allowed by the law from time to time.
3. When the processing and consideration of all the applications for a particular programme have been completed: (a) the application papers of unsuccessful candidates will be destroyed (if you have indicated to receive our promotional materials in Paragraph 6 then your contact details and related papers would be retained for such purposes); and (b) the application papers of successful candidates will serve as part of the applicant’s official student records and will be handled by HKIB staff or by staff of an authorised third party providing services to HKIB in relation to the stated purposes. In all such circumstances, please be assured that any personal information you supply will be kept strictly confidential.
4. Applicants understand that they have the right to check whether HKIB holds personal data about me and that, if so, they have a right of access to their personal data. They can request HKIB to correct any inaccurate personal data and if they need to obtain a copy of their personal data or have it corrected, they 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.
5. 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 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.

Please “✓” the appropriate boxes.



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### Section E: 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 authorise 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 AAMLPL 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, AAMLPL, CAMLP, ACsP, ACRP, CCRP(CL) and CCRP(CPM)). For all professional designation holders, they have to maintain HKIB professional membership status and fulfill annual CPD requirement.
- I attach herewith copies of “Advanced certificate for ECF on Anti-Money Laundering and Counter-Financing of Terrorism [AML/CFT]” or grandfathering approval letter.
- I have read and agreed to comply with the “Guidelines of Application for Associate AML Professional (AAMLPL) Certification” BEFORE completing this application form.

\_\_\_\_\_  
**Signature**

(Name: \_\_\_\_\_ )

\_\_\_\_\_  
**Date**

Please “✓” the appropriate boxes.



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## Relevant Department Verification on Key Roles / Responsibilities for AML / CFT Practitioners

Note:

1. Please use BLOCK LETTERS for completion of the information requested below.
2. Please fill in the relevant information of your CURRENT position only.

Current Position / Functional Title	
Full Name of Applicant <i>(as on HKID / Passport)</i>	
Name of Current Employer <i>(Authorized Institution)</i>	
Business Division / Department	
Employment Period <i>(DD / MM / YYYY)</i>	From: To: Please specify in the "Key Roles / Responsibilities" table
Work Location	<input type="checkbox"/> Hong Kong <input type="checkbox"/> Others, please specify: _____

Please "✓" the appropriate boxes.



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Please tick the appropriate key roles / responsibilities in relation to your **current** functional title / position.

Key Roles / Responsibilities	Please ✓ where appropriate
1. Assist in conducting AML / CFT risk assessment reviews and communicating results	
2. Assist management in reviewing the AML / CFT compliance risk management framework by performing periodic compliance tests on the AML / CFT programme	
3. Execute remediation of compliance deficiencies (discovered internally or by regulators) within a bank.	
4. Review and investigate suspicious transaction alerts and prepare appropriate documentation on AML / CFT inquiries	
5. Escalate investigation of suspicious activity to the appropriate personnel (e.g. Money Laundering Reporting Officer) where further investigation and report filings may be necessary	
6. Other Key Roles / Responsibilities related to AML / CFT compliance work (please specify):  _____	

### Verification by Relevant Department

The employment information provided by the applicant in this form has been verified to be consistent with the information on the applicant which is retained by the HR department of the employer of the applicant where the firm has a record of this information.

\_\_\_\_\_  
**Signature & Company Chop**

\_\_\_\_\_  
**Date**

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Position:** \_\_\_\_\_

Please "✓" the appropriate boxes.



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## Document Checklist

To facilitate the application process, please check the following items before submission to the Institute. Thank you.

- Completed and Signed Application Form
- Key Roles / Responsibilities verified by the HR/ relevant department of your organisation
- Certified true copies of your HKID / Passport enclosed
- Copies of your examination result for ECF on Anti-Money Laundering and Counter-Financing of Terrorism [AML/CFT] **OR** grandfathering approval letter enclosed
- Payment or evidence of payment enclosed (cheque or completed Credit Card Payment Instructions)

***We suggest that you keep a copy of all relevant documents for your own records, before submission.***

### FOR INSTITUTE USE ONLY

Received by : \_\_\_\_\_ (Staff Name) \_\_\_\_\_ (Date)

Assessed by : \_\_\_\_\_ (Staff Name) \_\_\_\_\_ (Date)

Approved / Rejected : \_\_\_\_\_ (Staff Name) \_\_\_\_\_ (Date)

Please "✓" the appropriate boxes.