



## Application Form for Associate Cybersecurity Professional (ACsP) Certification (with HKIB Professional Membership)

1. Please read carefully the “**Guidelines of Application for Associate Cybersecurity Professional (ACsP) Certification**” **BEFORE** completing this application form.
2. **This application form is ONLY for Relevant Practitioner of an Authorized Institution (AI) supervised by the Hong Kong Monetary Authority (HKMA).**
3. Before application submission, please ensure the endorsement from HR department for the verification on Key Roles / Responsibilities for Cybersecurity practitioners (Appendix) is obtained.

### Section A: Personal Particulars

*(Please use block letters to complete the information requested below.)*

**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.**

|  |  |
|--|--|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr                                 | HKIB Membership: <input type="checkbox"/> Yes _____<br><i>(Please specify the Membership No.)</i><br><input type="checkbox"/> No |
| Name in English: (as shown on identity document)<br><br>(Surname)                      (Given Name)                        | Name in Chinese: (as shown on identity document)   |
| HKID / Passport Number* <i>(please delete where inappropriate):</i>  |  |
| Date of Birth <i>(DD/MM/YYYY):</i>   |  |
| 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               |  |
| 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 cybersecurity role<br>_____ 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: Declaration related to Disciplinary Actions, Investigations for Non-compliance and Financial Status

*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 ACsP (Valid until 31 December 2020):

- Not Currently a HKIB member: HKD1,650
- Current HKIB Ordinary member: HKD570
- Current HKIB Professional member: Waived
- HKIB Default Member: HKD3,650 (HKD2,000 reinstatement fee + HKD1,650 certification fee)

Paid by Employer

A cheque / e-Cheque\* made payable to “The Hong Kong Institute of Bankers”

(Cheque no. \_\_\_\_\_ )

\* For e-Cheques, please state “ECF on Cybersecurity Certification” under ‘remarks’ and email, together with the completed application form, to [ecf.cybersecurity@hkib.org](mailto:ecf.cybersecurity@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

- 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.
- 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.
- 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.
- 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 Please “✓” the appropriate boxes.



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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 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 Statement, please refer to the HKIB website

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 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 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 my ACsP Certification application if I do not meet the requirements.
- I understand that as a member of 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 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, CRWP, ARWP ACsP, ACRP, CCRP(CL), CCRP(CPM)). For all professional designation holders, they have to maintain HKIB professional membership status and fulfill

Please "✓" the appropriate boxes.



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annual CPD requirement.

- I attach herewith copies of Advanced Certificate for ECF on Cybersecurity examination result.
- I have read and agreed to comply with the “Guidelines of Application for Associate Cybersecurity Professional (ACsP) Certification” BEFORE completing this application form.

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**Signature**

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

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**Date**



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To complete the application process, you are required to ask HR department to verify and sign this appendix.

**HR Department Verification on Key Roles / Responsibilities for Cybersecurity 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 /<br>Functional Title                      |  |
| Full Name of Applicant<br><i>(as on HKID / Passport)</i>    |  |
| Name of Current Employer<br><i>(Authorized Institution)</i> |  |
| Business Division /<br>Department                           |  |
| Employment Period<br><i>(DD / MM / YYYY)</i>                | From:<br><br>To:<br><br>Please indicate the appropriate “Key Roles / Responsibilities” in the table on Page 7  |
| Job Role(s)<br><i>(You may select more than one role)</i>   | <input type="checkbox"/> IT Security Operations and Delivery<br><br><input type="checkbox"/> IT Risk Management and Control<br><br><input type="checkbox"/> IT Audit |
| Work Location   | <input type="checkbox"/> Hong Kong<br><br><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. You may take more than one responsibility in one selected role.

| Key Roles / Responsibilities  | Please "✓"<br>where appropriate |
|---|---------------------------------|
| <input type="checkbox"/> Role 1: IT Security Operations and Delivery  |                                 |
| <input type="checkbox"/> <i>Operational Tasks:</i>  |                                 |
| 1. Implement and enforce the bank's IT security policies.   |                                 |
| 2. Responsible for the day-to-day security operation of the bank including access control configuration, reviewing program changes requests, reviewing IT incidents, security reporting and etc.  |                                 |
| 3. Implement cybersecurity monitoring framework.  |                                 |
| 4. Collect data on cybersecurity related risk, attacks, breaches and incidents, including external data and statistics as appreciate.   |                                 |
| 5. Investigate security incidents by gathering evidence and reviewing system logs / audit trails.   |                                 |
| 6. Provide operational support to systems and network teams regarding security related matters.   |                                 |
| <input type="checkbox"/> <i>Technical Tasks:</i>  |                                 |
| 1. Monitor network traffic through implemented security tools to proactively identify indicators of compromise (e.g. Host based IDS/IPS, network based IDS/IPS, firewall logs, application logs). |                                 |
| 2. Perform maintenance and operation support for security devices such as firewall, IPS/IDS, VPN, anti-virus and encryption services.   |                                 |
| 3. Participate in developing, tuning and implementing threat detection analytics.   |                                 |
| <input type="checkbox"/> Role 2: IT Risk Management and Control   |                                 |
| 1. Assist management in developing processes and controls to manage IT risks and control issues.  |                                 |
| 2. Assist in communicating the risk management standards, policies and procedures to stakeholders.  |                                 |
| 3. Apply processes to ensure that IT operational and control risks are at an  |                                 |

Please "✓" the appropriate boxes.



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|   |  |
|---|--|
| acceptable level within the risk thresholds of the bank, by evaluating the adequacy of risk management controls.        |  |
| 4. Analyse and report to management, and investigate into any non-compliance of risk management policies and protocols. |  |
| <input type="checkbox"/> Role 3: IT Audit   |  |
| 1. Assist in the execution of audits in compliance with audit standards.  |  |
| 2. Assist in the fieldwork and conducting tests.  |  |
| 3. Assist in evaluating data collected from tests.  |  |
| 4. Document the audit, test and assessment process and results.   |  |
| 5. Ensure appropriate audit follow-up actions are carried out promptly.   |  |

### Verification by HR Department

The employment information provided by the applicant in this form has been verified. The information should be consistent with the employee record maintained by the HR department.

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

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

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

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

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

Please "✓" the appropriate boxes.





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### FOR INSTITUTE USE ONLY

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

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

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

### Document Checklist

To facilitate the application process, please check the following items before submission to HKIB. 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 Advanced Certificate for ECF on Cybersecurity enclosed
- Payment or evidence of payment enclosed (cheque or completed Credit Card Payment Instructions)

***Please keep a copy of all relevant documents for your own records before submission.***

Please “✓” the appropriate boxes.