



(For office use only) Batch No:

Received by and on:

Membership status:

Grandfathering and/or Certification Application Form for ECF on CRM (Core Level)

Important notes:

1. The application is only for the **Relevant Practitioner** engaged by an Authorized Institutions (AIs) at the time of application **ONLY**.
2. Read carefully the Guidelines for ECF on Credit Risk Management (CRM) Grandfathering (CRM-G-007) or Guidelines for ECF on Credit Risk Management (CRM) Certification (CRM-G-008) **BEFORE** completing this application form.
3. Only **completed application form** with all valid supporting documents, including the HR verification forms, will be processed.

Section A: Personal Particulars ¹

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr	HKIB Member: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No (Membership No.)	
Name in English: ² (Surname) (Given Name)	Name in Chinese:	
HKID / Passport number:	Date of birth: (DD/MM/YYYY)	
Contact information		
Mobile phone no.:	(Primary) Email address ³ : (Secondary) Email Address:	
Correspondence address:		
Employment information		
Name of Employer:	Office Telephone No.:	
Position/ job title:	Department:	
Office Address: ⁴		
Total number of years in Credit Function Position: _____ year(s) _____ month(s)		
Qualifications		
Highest academic qualification obtained:	University / Tertiary Institution:	Date of award:
Other professional qualifications:	Professional bodies:	

¹ Put a "✓" in the appropriate box(es).

² Information as shown on identity document

³ All HKIB communication will be sent to the Primary Email Address

⁴ Provide if not the same as the correspondence address above



Section B: Indication of Application Types

Indicate **only ONE of the three types** of application by putting a “✓” in the appropriate box.

<input type="checkbox"/> Type 1: Grandfathering Application for ECF on CRM (Core Level) only
Eligibility: 3 years of relevant work experience in credit functions as specified in the HKMA circular on " Guide to Enhanced Competency Framework on Credit Risk Management "
<input type="checkbox"/> Type 2: ACRP Certification Application only
Eligibility*: <input type="checkbox"/> Option I: With grandfathered status of ECF on CRM (Core Level) or <input type="checkbox"/> Option II: Professional Certificate for ECF on Credit Risk Management with 1 year’s relevant work experience within 3 years immediately prior to the date of application for certification <i>*Application will be processed based on the option you chose.</i>
<input type="checkbox"/> Type 3: Both Grandfathering Application for ECF on CRM (Core Level) and ACRP Certification Application

Section C: Relevant Employment History

List all the relevant employment history in the credit function in **reverse chronological order**. Work experience does not need to be continuous. Each position listed requires a separate HR verification document (Annex (Core)).

Employer	Position	Employment Period for the position (DD / MM / YYYY)
		from to
		from to
		from to
		from to

Total relevant work experience: _____ year _____ month

Total number of HR Verification Form (Annex Core) submitted: _____



Section D: Declaration related to Disciplinary Actions, Investigations for Non-compliance and Financial Status

Put a “√” in the appropriate box(es). If you have answered “Yes” to any of the questions, provide details by attaching all relevant documents relating to the matter(s).

1. Have you ever been reprimanded, censured, 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 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



Section E: Payment

Payment amount	
<input type="checkbox"/> Grandfathering application	HKD1,050
<input type="checkbox"/> 1 st Certification Fee for ACRP (<i>valid until 31 December 2020</i>)	
<input type="checkbox"/> Not currently a HKIB member	HKD1,650
<input type="checkbox"/> <u>Current and valid</u> HKIB Ordinary member	HKD570
<input type="checkbox"/> <u>Current and valid</u> HKIB Professional member	Waived
<input type="checkbox"/> HKIB Default Member	HKD3,650*
Total amount: HKD _____	
<i>*HKD2,000 reinstatement fee + HKD1,650 certification fee</i>	
Payment method	
<input type="checkbox"/> Paid by Employer <ul style="list-style-type: none"> <input type="checkbox"/> Company cheque (cheque no: _____) <input type="checkbox"/> Company invoice 	
<input type="checkbox"/> A cheque / e-Cheque made payable to “ The Hong Kong Institute of Bankers ” (cheque no. _____) For e-Cheque, please state “ECF on CRM (Core Level) Grandfathering” under ‘remarks’ and email together with the completed application form to ecf.crm@hkib.org .	
<input type="checkbox"/> Credit card <ul style="list-style-type: none"> <input type="checkbox"/> Visa <input type="checkbox"/> Master 	
Card no:	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
Expiry date (MM/YY):	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
Name of Cardholder:	_____
Signature:	_____



Section F: 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 the 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 statistical and marketing (including direct marketing) purposes. The data will be solely handled by HKIB staff but may be transferred to an authorized third party providing services to the 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 certification have been completed: (a) the application papers of unsuccessful candidates will be destroyed (if you have indicated to receive our promotional materials 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 authorized third party providing services to the 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 the HKIB holds personal data about me and that, if so, they have a right of access to their personal data. They can request the 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 the 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 the 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.



Section G: Acknowledgement and Declaration

- I declare that all information I have provided in this form is true and correct.
I understand that the fees paid are non-refundable and non-transferable.
I authorize HKIB to obtain 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 approval of grandfathering and/or certification status if I do not meet the requirements.
I confirm that I have read and understood the Policy of Personal Data Protection set out on HKIB website at http://www.hkib.org, and consent to the terms set out therein.
I have read and agreed to comply with the Guidelines for ECF on CRM Grandfathering and/or Certification.

Document Checklist

To facilitate the application process, please check the following items before submitting to HKIB. Failure to submit the documents may cause delays or termination of application. Please "✓" the appropriate box(es).

- All necessary fields on this application form filled in including your signature
HR verification forms fulfilling the requirements as stipulated for grandfathering and/or certification application
Certified true copies of your HKID / Passport
Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

Submitted copies of documents to the HKIB must be certified as true copies of the originals by:

- The HKIB staff; or
HR/authorized staff of current employer (Authorization Institution); or
A recognized certified public accountant/ lawyer/ banker/ notary public; or
Hong Kong Institute of Chartered Secretaries (HKICS) member.

Certifier must sign and date the copy document (printing his/her name clearly in capitals underneath) and clearly indicate his/her position on it. Certifier must state that it is a true copy of the original (or words to similar effect).

Signature of Applicant

Date

(Name:)

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Assessed by: (Staff Initial) (Date)
Endorsed by: (Staff Initial) (Date)
Approved/ Rejected by: (Staff Initial) (Date)



Grandfathering and/or Certification Application Form for ECF on CRM (Core Level)

HR Department Verification Form on Key Roles / Responsibilities for CRM Practitioners

(For entry-level and junior level staff in the credit function)

Important notes:

1. All information filled in including company chop must be true and original.
2. Fill in **ONE complete form for each relevant position / functional title** in your application. A completed application form should contain p.1-6. You can make sufficient copies of Annex (Core) (p.AC1-AC4).
3. Use BLOCK LETTERS to complete Annex (Core).
4. Same set of HR verification document(s) can support both application of grandfathering and certification in one submission. Separate submissions of grandfathering or certification application will require another set of original HR verification document(s) even if the information contained is identical.

Position / functional title:	
Name of employer:	
Business division / department:	
Employment period of the stated functional title / position: (DD / MM / YYYY)	From: To:
Key roles / responsibilities in relation to the stated functional title / position: (Tick the appropriate box(es); Application will be processed based on the role(s) ticked)	<input type="checkbox"/> Role 1 – Credit Initiation and Appraisal (<i>fill in p.AC2</i>) <input type="checkbox"/> Role 2 – Credit Evaluation, Approval and Review (<i>fill in p.AC3</i>) <input type="checkbox"/> Role 3 – Credit Risk Management and Control (<i>fill in p.AC4</i>)
Total number of years and months of carrying credit function in the stated position	_____years _____months



Tick the appropriate key roles / responsibilities in relation to your functional title / position stated on p.AC1 of Annex (Core).

Key Roles / Responsibilities	“√”
<input type="checkbox"/> Role 1 – Credit Initiation and Appraisal	
1. Assist in performing credit initiation of commercial lending within established policies	
2. Assist in assessing borrowers’ credit and financial information for preparing credit proposals	
3. Assist in evaluating the borrowers’ information relating to industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc.	
4. Assist in assessing borrowers’ credit ratings	
5. Assist in assessing other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc.	
6. Assist in monitoring borrowers’ accounts	
7. Assist in assessing whether the terms and conditions of the credit facilities can meet the financing need of borrowers	
8. Assist in assessing whether the covenants, conditions and triggers are sufficient and effective for ongoing monitoring	
9. Assist in assessing factors related to risk-adjusted returns / costing assessment	

Tick the appropriate key roles / responsibilities in relation to your functional title / position stated on p.AC1 of Annex (Core).

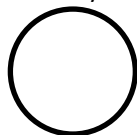
Key Roles / Responsibilities	“√”
<input type="checkbox"/> Role 2 – Credit Evaluation, Approval and Review	
<p>1. Assist in assessing and analysing collected information about prospective corporate clients, for example:</p> <ul style="list-style-type: none"> • <i>Industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc.</i> 	
<p>2. Assist in assessing the credit and financial strength of the corporate borrowers to determine clients’ creditworthiness and acceptable levels of credit exposure in accordance with credit policies and relevant regulations.</p> <ul style="list-style-type: none"> • <i>Assist in assessing corporate borrowers’ credit ratings (e.g. based on internal or external ratings) / loan classification</i> • <i>Assist in assessing quality of collateral and verifying its values as well as cost of selling the collateral, taking into account the type of collateral, economic situation, seniority of claim, etc.</i> • <i>Assist in assessing other types of risk mitigations and comforts</i> • <i>Assist in assessing other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc.</i> 	
<p>3. Assist in assessing application of funds</p>	
<p>4. Assist in assessing credit limit for approval</p>	
<p>5. Assist in assessing factors related to risk-adjusted returns / costing assessment</p>	
<p>6. Assist in setting credit covenants</p>	
<p>7. Assist in following up with loan officers / account managers</p>	

Tick the appropriate key roles / responsibilities in relation to your functional title / position stated on p.AC1 of Annex (Core).

Key Roles / Responsibilities	“√”
<input type="checkbox"/> Role 3 – Credit Risk Management and Control	
1. Assist in formulating and reviewing credit policies, procedures and methodologies	
2. Assist in monitoring accounts on a day-to-day basis to identify changes in clients' financial condition and capacity to repay the outstanding debts	
3. Assist in performing analysis on credit limits and monitoring credit portfolios	
4. Assist in performing assessment and gap analysis according to regulatory and management requirements regarding calculations of risk indicators such as probability of default, loss given default, exposure at default, etc.	
5. Assist in performing assessment and gap analysis according to regulatory and management requirements regarding calculations of portfolio performance indicators such as risk weighted assets, risk adjusted returns, regulatory and/ or economic capital requirements	
6. Assist in general review of and providing feedback for enhancement of internal credit rating systems	
7. Assist in handling the recovery and work-out of problem loans / deteriorating credit	
8. Assist in performing stress testing analysis, scenario analysis, and other types of portfolio analysis	
9. Assist in preparing analytical reports to management	

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 organisation has a record of this information).



Signature & Company Chop

Date

Name: _____

Department: _____

Position: _____



Authorization for Disclosure of Personal Information to a Third Party

I, _____, (*name of applicant*) hereby authorize The Hong Kong Institute of Bankers (HKIB) to disclose my results and progress regarding the following to _____ (*applicant's bank name*) for HR and Internal Record. (*Tick as appropriate*)

- Grandfathering application for ECF on Credit Risk Management (CRM)
- Examination of (1) Professional Certificate for ECF on CRM; (2) Postgraduate Certificate in Commercial Lending of ECF on CRM; (3) Postgraduate Certificate in Credit Portfolio Management of ECF on CRM, where applicable
- Certification application or ACRP / CCRP(CL)/ CCRP(CPM)
- Exemption of M1 and/or M2 of ECF on CRM

Signature:

HKIB Membership No. / HKID No.*:

Date:

Contact No.:

**The HKIB Membership No. / HKID No. is needed to verify your identity. We may also need to contact you concerning the authorization.*

Important notes:

1. Personal information includes but not limited to grandfathering / examination / certification / exemption results of a module / designation and award(s) achieved.
2. Original copy of this signed authorization form must be submitted to the HKIB. Electronic or photocopied signatures are not acceptable.
3. Applicant may rescind or amend consent in writing to the HKIB at any time, except where action has been taken in reliance of this authorization.