(For office use only) Batch No:
Received by and on:
Membership status:

Grandfathering and/or Certification Application Form for ECF on CRM (Professional 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: ☐ Mr ☐ Ms ☐ Dr		HKIB Member:	
		☐ Yes	□ No
		(Membership No.)	
Name in English: ²		Name in Chinese:	
(Surname) (Given Name)			
HKID / Passport number:		Date of birth: (DD/MM/YYYY)	
Contact information			
Mobile phone no.:		(Primary) Email address ³ :	
'			
		(Secondary) Email Address:	
		(Secondary) Email Madress.	
Correspondence address:		<u> </u>	
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 / Te	rtiary Institution:	Date of award:
Other professional qualifications:	Professional b	odies.	
Other professional qualifications.	i i o i c 33i o i i ai b	ouics.	

¹ Put a " \checkmark " in the appropriate box(es). ² Information as shown on identity document

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 **the type(s)** of application by putting a " \checkmark " in the appropriate box. Put a " \checkmark " in both boxes for Type 1 and Type 2 if you would like to apply for both grandfathering and certification.

\square Type 1: Grandfathering Application for ECF on CRM (Professional Level) only
Role: ☐ Commercial Lending (CL) and/or ☐ Credit Portfolio Management (CPM)
Eligibility*: \square 8 years of relevant work experience in any of the functions in credit initiation, evaluation, approval and review and/or credit risk management and control, of which at least 5 years are gained from Professional Level job roles
☐ Holder of HKIB's Postgraduate Diploma for Certified Banker (Credit Management
Stream) and 3 years of relevant work experience in credit functions.
*Application will be processed based on the option you chose.
☐ Type 2: CCRP (CL) and/ or CCRP (CPM) Certification Application only
Certification: \square CCRP (CL) and/or \square CCRP (CPM)
Eligibility*: \square Option I: With grandfathered status of ECF on CRM (Professional Level) or
☐ Option II: Postgraduate Certificate for ECF on Credit Risk Management (CL) with 5 year's relevant work experience within 10 years immediately prior to the date of application for certification
☐ Option III: Postgraduate Certificate for ECF on Credit Risk Management (CPM) with 5 year's relevant work experience within 10 years immediately prior to the date of application for certification
*Application will be processed based on the option you chose.

Section C: Relevant Employment History

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

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

				Total relev	ant wo	rk expe	rience	<u>. </u>	_year	 month
Total	number	of	HR	Verification	Form	(Annex	Core	/Professional)	submitted:	

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

Put a " \checkmark " 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?	☐ 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

Section E: Payment

Pay	men	t amount	
	Тур	e 1: Grandfathering application	
		"Commercial Lending" only	HKD1,050
		"Credit Portfolio Management" only	HKD1,050
		Both "Commercial Lending" and "Credit Portfolio	HKD1,550
		Management"	
	Тур	e 2: 1 st Certification Fee for CCRP (CL) and/ or CCRP (CPM) (valid unti	il 31 December 2020)
		Not currently a HKIB member	HKD1,650
		Current and valid HKIB Ordinary member	HKD570
		Current and valid HKIB Professional member	Waived
		HKIB Default Member	HKD3,650*
		Total amoun	t: HKD
		*HKD2,000 reinstatement fe	e + HKD1,650 certification fee
Pay	men	t method	
	Paid	d by Employer	
		Company cheque (cheque no:)	
		Company invoice	
	A c	heque / e-Cheque made payable to " The Hong Kong Institute o	of Bankers " (cheque no.
) For e-Cheque, please state "ECF on CRM (Core Level)	_
		narks' and email together with the completed application form to <u>ec</u>	f.crm@hkib.org.
	Cre	dit card	
		Visa	
		Master	
	Car	d no:	
	Ехр	iry date (MM/YY):	
	Nar	me of Cardholder:	
	Sigr	nature:	

Last updated: 31 Dec 2019



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.

CRM-G-010

6



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 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 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 also understand that the Institute will use the information provided and personal data collected for administration and communication purposes.
- I have read and agreed to comply with the Guidelines for ECF on CRM Grandfathering and/or Certification.

	Docum	ent Checklist	
	• •	wing items before submitting to HKIB. Failure to submit the . Please " \checkmark " 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 ⁵ 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			
 The HKİB staff; or HR/authorized staff of current en A recognized certified public accompliance Hong Kong Institute of Chartered 	nployer (Authorization Institution ountant/ lawyer/ banker/ notary I Secretaries (HKICS) member. cument (printing his/her name c	u); or public; or early in capitals underneath) and clearly indicate his/her position on it. Cerl	tifier
must state that it is a true copy of the or	iginal (or words to similar effect)	· 	
	iginal (or words to similar effect)	Date	
must state that it is a true copy of the or	iginal (or words to similar effect)		
must state that it is a true copy of the or Signature of Applicant)		
must state that it is a true copy of the or Signature of Applicant) For offi (Staff Initial)	Date	

7



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

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

(For middle-level and senior job position 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 complete form should contain p.1-7. You can make copies of Annex (Professional)(p.AP1-AP4).
- 3. Use BLOCK LETTERS to complete Annex (Professional).
- 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	From:
functional title / position:	
(DD / MM / YYYY)	То:
Key roles / responsibilities in relation to	□ Role 1 – Credit Initiation and Appraisal (fill in
the stated functional title / position:	p.AP2)
(Tick the appropriate box(es); Application	☐ Role 2 – Credit Evaluation, Approval and
will be processed based on the role(s)	Review (fill in p.AP3)
ticked)	□ Role 3 – Credit Risk Management and Control
	(fill in p.AP4)
Total number of years and months of	years months
carrying credit function in the stated	yearsmonths
position	



Tick the appropriate key roles / responsibilities in relation to your functional title / position stated on p.AP1 of Annex (Professional).

	Key Roles / Responsibilities	u√n
	☐ Role 1 – Credit Initiation and Appraisal	
1.	Solicit credit business following established policies and prepare credit proposal	
2.	Evaluate the borrowers' information relating to industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service	
	capacity, etc	
3.	Assess credit and financial strength of borrowers to determine creditworthiness and acceptable credit exposure levels for recommending credit approval and internal credit ratings	
4.	Assess borrowers' credit ratings and make appropriate recommendation	
5.	Assess other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc	
6.	Conduct regular monitoring of borrowers' accounts	
7.	Assess whether the terms and conditions of the credit facilities can meet the financing need of borrowers	
8.	Assess whether the covenants, conditions and triggers are sufficient and effective for ongoing monitoring	
9.	Assess the applicability of the products / services initiated	



Tick the appropriate key roles / responsibilities in relation to your functional title / position stated on p.AP1 of Annex (Professional).

	Key Roles / Responsibilities	u√n
	☐ Role 2 – Credit Evaluation, Approval and Review	
1.	Review and analyse collected information about prospective corporate clients, for example: • Industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc.	
2.	Review credit ratings / loan classification for corporate lending and assess 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. Standardised approval and review process may be established by sub-segments such as industry, company revenue size, loan to value ratios, etc. Individual assessment may be necessary for particular borrowers depending on the origin of the borrower, nature of borrower's business, etc • Review corporate borrowers' credit ratings (e.g. based on internal or external ratings) • Review quality of collateral and verify its values as well as cost of selling the collateral, taking into account the type of collateral, economic situation, seniority of claim, etc. • Review other types of risk mitigations and comforts • Review other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc.	
3.	Review application of funds	
4.	Review credit limit for approval	
5.	Review credit pricing	
6.	Set credit covenants	
7.	Follow up with loan officers / account managers for extra information or documents, or to discuss specific issues in the approval process	
8.	Document necessary credit files and complete loan application	
9.	Ensure that credit approvals are granted according to authority structure	
10.	Review credit terms	
11.	Review the applicability of the products/ services initiated	



Tick the appropriate key roles / responsibilities in relation to your functional title / position stated on p.AP1 of

	Key Roles / Responsibilities	"\square
	☐ Role 3 – Credit Risk Management and Control	
1.	Formulate and review credit policies and procedures in accordance with market	
	conditions, regulatory requirements and risk appetite of the AI	
2.	Carry out strategy laid down by the Board and establish procedures to identify,	
	quantify, monitor and control the credit risk inherent in the Al's activity and at	
	the level of both the overall portfolio and individual borrowers	
3.	Perform stress testing analysis, scenario analysis, and other types of portfolio	
	analysis on the credit risk portfolios and prepare analysis and recommendation	
	report to management	
1.	Review and monitor portfolio performance indicators such as risk weighted	
	assets, risk adjusted returns, regulatory and/ or economic capital requirements	
5.	Monitor and review credit limits and capital allocation approved by the Board	
6.	Participate in credit product development and recommend credit risk control	
	and mitigation measures	
7.	Regularly review, monitor and provide feedback for enhancement of internal	
	credit rating systems	
3.	Support restructuring of problem loans and monitor their performances	
9.	Oversee the collection process of large nonperforming loans and determine the	
	level of provisions for problem accounts	
10.	Review exception reports and ensure that loan portfolio is properly classified and	
	problem loans are appropriately mapped to the relevant loan classification	

has a record of this information).

Signature & Company Chop	Date	
Name:		
Department:		
Position:		



Authorization for Disclosure of Personal Information to a Third Party

I,, (nan	me of applicant) hereby authorize The Hong Kong
Institute of Bankers (HKIB) to disclose my re	esults and progress regarding the following to
(applicant's	bank name) for HR and Internal Record. (Tick as
appropriate)	
☐ Grandfathering application for ECF on Credit Ris	k Management (CRM)
☐ Examination of (1) Professional Certificate for	or ECF on CRM; (2) Postgraduate Certificate in
Commercial Lending of ECF on CRM; (3) Postgr	raduate Certificate in Credit Portfolio Management
of ECF on CRM, where applicable	
☐ Certification application or ACRP / CCRP(CL)/ CC	RP(CPM)
☐ Exemption of M1 and/or M2 of ECF on CRM	
Signature: HKIE	B Membership No. / HKID No.*:
Date: Con	tact No.:

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.

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