

Received by and on:	
Membership status:	

Application Form for Associate Credit Risk Management Professional(ACRP) Certification

(with HKIB Professional Membership)

Important notes:

- 1. The application is only for the Relevant Practitioner engaged by an Authorized Institutions (Als) at the time of application ONLY.
- 2. Read carefully the 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 ☐ Prof		HKIB Member:	
		☐ Yes	□ No
		(Membership No.)	<u> </u>
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:	
Correspondence address:			
Employment information			
Name of Employer:		Office Telephone No.:	
Position/ job title:		Department:	
A.			
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:	
1	1		

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¹ Put a " \checkmark " 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: Eligibility of ACRP certification

Applicants fulfill relevant criteria may apply ACRP certification of ECF on CRM. Please ✓ where appropriate for eligible criteria.

Diagon ((/))		Vacant Francisco and Baselined
Please "√"	Eligibility	Year of Experience Required
	Relevant Practitioners who completed the training	one-year relevant working experience
	modules M1 to M3 and passed the relevant	(The one-year relevant work experience should
	examinations	be accumulated within the three years
	Relevant Practitioners who has been grandfathered.	immediately prior to the date of application for
		certification, but does not need to be
		continuous.)

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 (Core)).

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

	Tot	:al relev	ant work exp	erienc	e:		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 "\sqrt{" 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	ment	amount	
1 st (Certif	ication Fee for ACRP (valid until 31 December 2021)	
		Not currently a HKIB member	HKD1,650
		Current and valid HKIB Ordinary member	HKD570
		Current and valid HKIB Professional member	Waived
		HKIB Student Member (HKIB Student Members graduated in 2021)	HKD1,650
		HKIB Senior Member (Members aged 60 or above regardless of Membership Class)	HKD1,450
		HKIB Default Member	HKD3,650*
		Total amount: HKD	
		*HKD2,000 reinstatement fee + HKD	1,650 certification fee
Pay	ment	: method	
	Paic	by Employer	
		Company cheque (cheque no:)	
		Company invoice	
	A cl	heque / e-Cheque made payable to "The Hong Kong Institute of Banl	kers" (cheque no.
) For e-Cheque, please state "ECF on CRM (Core Level) Grand	dfathering" under
	'ren	narks' and email together with the completed application form to cert.gf@	ahkib.org.
	Cred	dit card	
		Visa	
		Master	
	Card	d no:	
	Exp	iry date (MM/YY):	
Ì	Nan	ne of Cardholder:	_
	Sign	nature:	_

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.

EXAM-G-041 Last updated: 23 April 2021



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.

	Document	Checklist		
To facilitate the application proc documents may cause delays or				
☐ HR verification forms fulfil☐ Certified true copies of yo	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)			
 A recognized certified public according Hong Kong Institute of Chartered 	nployer (Authorization Institution); or vuntant/ lawyer/ banker/ notary publi Secretaries (HKICS) member. cument (printing his/her name clearly	c; or	arly indicate his/her position on it. Certifier	
Signature of Applicant		Date		
(Name:)			
	For office u	se only		
Assessed by: Endorsed by: Approved/ Rejected by:	(Staff Initial)		(Date) (Date) (Date)	

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Application Form for Associate Credit Risk Management Professional (ACRP) Certification

(with HKIB Professional Membership)

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	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.AC2)
(Tick the appropriate box(es); Application	☐ Role 2 – Credit Evaluation, Approval and
will be processed based on the role(s)	Review (fill in p.AC3)
ticked)	□ Role 3 – Credit Risk Management and Control
	(fill in p.AC4)
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.AC1 of Annex (Core).

	Key Roles / Responsibilities	u√n
	☐ 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	<i>u</i> √ <i>n</i>
	☐ Role 2 – Credit Evaluation, Approval and Review	
1.	Assist in assessing and analysing collected information about prospective corporate clients, for example:	
	• Industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc.	
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.	
	• Assist in assessing corporate borrowers' credit ratings (e.g. based on internal or external ratings) / loan classification	
	 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. 	
	Assist in assessing other types of risk mitigations and comforts	
	• 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.	
3.	Assist in assessing application of funds	
4.	Assist in assessing credit limit for approval	
5.	Assist in assessing factors related to risk-adjusted returns / costing assessment	
6.	Assist in setting credit covenants	
7.	Assist in following up with loan officers / account managers	



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

	Key Roles / Responsibilities	u\sqrt{n}
	☐ 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	
Veri	ification by HR Department	

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

l,	(name of applicant) hereby authorize The Hong Kong
Institute of Bankers (HKIB) to disclose m	y results and progress regarding the following to
(applied	ant's bank name) for HR and Internal Record. (Tick as
appropriate)	
☐ Examination of (1) Professional Certifica	te for ECF on CRM; (2) Postgraduate Certificate in
Commercial Lending of ECF on CRM; (3) Po	ostgraduate 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	1
Signature:	HKIB Membership No. / HKID No.*:
Date:	Contact 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.