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

Grandfathering and/or Certification Application Form for ECF on ORM (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 Operational Risk Management (ORM) Grandfathering (ORM-G-007) or Guidelines for ECF on Operational Risk Management (ORM) Certification (ORM-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] *(Surname)*　　*(Given Name)*	Name in Chinese:
HKID / Passport Number*:*	Date of Birth: *(DD/MM/YYYY)*

Contact information	
Mobile Phone Number:	(Primary) Email Address [3]: (Secondary) Email Address:
Correspondence Address:	

Employment information	
Name of Current Employer:	Office Telephone Number:
Position/ Job Title:	Department:
Office Address: [4]	
Total number of years in Operational Risk Management Function Position: _____ year(s) _____ month(s)	

Academic and Professional Qualification		
Highest Academic Qualification Obtained:	University / Tertiary Institution:	Date of Award:
Other Professional Qualifications:	Professional Bodies:	

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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 one of the three <u>types and its respective option</u> of application by putting a "✓" in the appropriate box.

☐ **Type 1: Grandfathering Application for ECF on ORM (Core Level) only**

Eligibility: 3 years of relevant work experience in operational risk management as specified in the HKMA circular on ''[Guide to Enhanced Competency Framework on Operational Risk Management](#)''

☐ **Type 2: AORP Certification Application only**

Eligibility*:☐ Option I: With grandfathered status of ECF on ORM (Core Level) or

☐ Option II: With current RP status and Advanced Certificate for ECF on Operational Risk Management

Application will be processed based on the option you chose.

☐ **Type 3: Both Grandfathering Application for ECF on ORM (Core Level) and AORP Certification Application**

Section C: Relevant Employment History

List all the relevant employment history in the operational risk management or related function in **reverse chronological order**. Work experience does not need to be continuous. Each position listed requires a separate HR Verification Annex (Core Level).

Job Number	Employer	Position	Employment Period for the position (DD / MM / YYYY)
Current			from to
Job 2			from to
Job 3			from to

Total relevant work experience: _____ year(s) _____ month(s)

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

2

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?	☐ 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

Payment amount	
☐ Grandfathering application (Core Level)	HKD1,050
☐ 1st Certification Fee for AORP *(valid until 31 December 2021)*	
☐ Not currently a HKIB member	HKD1,650
☐ <u>Current and valid</u> HKIB Ordinary member	HKD570
☐ <u>Current and valid</u> HKIB Professional member	Waived
☐ <u>Current and valid</u> Senior member	HKD1,450
☐ <u>Current and valid</u> Student member	HKD1,650
☐ HKIB Default member	HKD3,650*

Total amount: HKD _____

*HKD2,000 reinstatement fee + HKD1,650 certification fee

Payment method
☐ Paid by Employer
☐ Company cheque (cheque no: _____)
☐ Company invoice
☐ A cheque / e-Cheque made payable to "**The Hong Kong Institute of Bankers**" (cheque no. _____). For e-Cheque, please state "ECF on ORM (Core Level) Grandfathering" under 'remarks' and email together with the completed application form to cert.gf@hkib.org .
☐ Credit card
☐ Visa
☐ Master
Card no: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐
Expiry date (MM/YY): ☐☐ / ☐☐
Name of Cardholder: _____
Signature: _____

The Hong Kong Institute of Bankers

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 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 Statement 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 "Guideline for ECF on ORM Grandfathering" (ORM-G-007) and "Guideline for ECF on ORM Certification" (ORM-G-008).

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
- ☐   Completed form(s) of HR Verification Annex 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)

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[5] 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:)

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

HR Department Verification Form on Key Roles / Responsibilities for ORM Practitioner

(For entry-level and junior level staff with 0-5 years of experience)

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 HR Verification Annex (Core Level) (p.AC1-AC2).
3. Use BLOCK LETTERS to complete HR Verification Annex (Core Level).
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.

Employment Information	
Name of the applicant:	
HKID/ passport number:	
Job number:	Current / Job no:
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)*	☐ Role 1 – Operational Risk Management *(fill in p.AC2)* ☐ Role 2 – Business Function Risk and Control *(fill in p.AC2)*
Total number of years and months of carrying operational risk management function in the stated position	_____years _____months

AC1

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

Key Roles / Responsibilities	"✓"
☐ **Role 1 – Operational Risk Management** **OR** ☐ **Role 2 – Business Function Risk and Control**	
1. Assist in conducting operational risk monitoring duties (e.g. monitoring operational risk indicators), reviewing and updating operational risk policies, guidelines and procedures, and handling of operational risk events	
2. Assist in conducting operational risk control self-assessments (i.e. bottom up process to identify and evaluate risks and associated controls)	
3. Design and test controls on operational risks, with oversight and input from line managers	
4. Assist in performing operational risk assessments (i.e. top down assessment of the inherent risk and any controls that may exist)	
5. Assist in developing and implementing operational risk mitigation plans and in the roll-out of strategic level governance	
6. Assist in identifying compliance and internal control issues, and monitor the ongoing progress of remedial actions	
7. Assist in preparing operational risk reports, dashboards and metrics	
8. Assist in promoting positive risk culture and risk awareness across the AI/ within business units	
9. Assist in preparing training materials and organising training on operational risk for staff	

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).
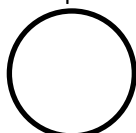
_____   _____
Signature & Company Chop   **Date**

Name: _____

Department: _____

Position: _____

The Hong Kong Institute of Bankers
香 港 銀 行 學 會

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 of the "Grandfathering and its

Certification application for ECF on ORM" regarding the following to

_____ *(applicant's bank name)* for HR and Internal Record. *(Tick as*

appropriate)

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.

AF1