



Received on:

Acknowledged on:

Application no:

## Grandfathering and/ or Certification Application Form for Associate Operational Risk Management Professional (AORP)

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<sup>1</sup>

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof	HKIB Member: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <i>(Membership No.)</i>	
Name in English <sup>2</sup> :  <i>(Surname)</i> <i>(Given Name)</i>	Name in Chinese <sup>2</sup> :	
HKID/ Passport Number:	Date of Birth: <i>(DD/ MM/ YYYY)</i>	
<b>Contact information</b>		
Mobile Phone Number:	(Primary) Email Address <sup>3</sup> :  (Secondary) Email Address:	
Correspondence Address:		
<b>Employment information</b>		
Name of Current Employer:	Office Telephone Number:	
Position/ Job Title:	Department:	
Office Address: <sup>4</sup>		
<b>Academic and Professional Qualification</b>		
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 the 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 "✓" in the appropriate box.

Put a "✓" in both boxes for Type 1 and Type 2 if you would like to apply for both grandfathering and certification.

### Type 1: Grandfathering Application for ECF on ORM (Core Level)

Eligibility\*:  Option I:

- Possessing at least 3 years of relevant work experience in operational risk management, business function risk and control gained from AIs and/ or non-bank financial institutions, and/ or internal audit (related to operational risk management and controls within an AI) ; and
- Employed by an AI at the time of application.

Option II:

- Completion of one of the following training programmes:
  - Operational Risk Manager Certificate of the Professional Risk Managers' International Association (PRMIA); or
  - Professional Risk Manager of the PRMIA; or
  - Certificate in Operational Risk Management of the Institute of Operational Risk (IOR), which is now a part of the Institute of Risk Management (IRM) Group;
- Possessing at least 2 years of relevant work experience in operational risk management, business function risk and control gained from AIs and/ or non-bank financial institutions, and/ or internal audit (related to operational risk management and controls within an AI); and
- Employed by an AI at the time of application.

*\*Application will be processed based on the option you chose.*

### Type 2: AORP Certification Application

Eligibility\*:  Option I:

- With grandfathered status of ECF on ORM (Core Level); and
- Employed by an AI at the time of application.

Option II:

- Successfully completed the training modules and pass the examination or with relevant approved exemption for the Core Level (Modules 1 to 3 of ECF on Operational Risk Management); and
- Employed by an AI at the time of application.

*\*Application will be processed based on the option you chose.*



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).

Table with 4 columns: Job Number, Employer, Position, and Employment Period for the position (DD/MM/YYYY). Rows include Current, Job 2, Job 3, and Job 4.

Total relevant work experience: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)
Total number of HR Verification Annex (AORP) 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).

Table with 2 columns: Questions (1-5) and Yes/No checkboxes. Questions cover disciplinary actions, non-compliance, investigations, license restrictions, and bankruptcy.



Section E: Payment

<input type="checkbox"/>	Grandfathering application (Core Level)	HKD1,050
<input type="checkbox"/>	1 <sup>st</sup> Certification Fee for AORP ( <i>valid until 31 December 2022</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"/>	<u>Current and valid</u> Senior member	HKD1,450
<input type="checkbox"/>	HKIB Default member	HKD3,650*
<b>Total amount: HKD</b>		_____

\*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 **“AORP Grandfathering and Certification”** under **“remarks”** and email together with the completed application form to [cert.gf@hkib.org](mailto:cert.gf@hkib.org).

Credit card

Visa

Master

Card no:          -     -     -

Expiry date (MM/ YY):        /

Name of Cardholder (as on credit card): \_\_\_\_\_

Signature (as on credit card): \_\_\_\_\_



## 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, 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 membership, training, examination, exemption and certification, statistical and programme information update purposes. The data will be solely handled by the 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 training, examination, membership enrolment, exemption and certification have been completed, the application papers of successful candidates will serve as part of the applicant's official records and will be handled by the HKIB staff in relation to the stated purposes. For unsuccessful applications, we only keep your personal data for as long as we reasonably require and, in any event only for as long as the law allows. 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 them 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>.
- The HKIB would like to provide the latest information to you via weekly eNews. If you do not wish to receive it, please tick the box.*



## 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 the HKIB to obtain the relevant authorities to release, any information about my qualifications and/ or employment as required for my application.
- I acknowledge that the 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 the 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 the 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 the 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<sup>5</sup>
- Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

<sup>5</sup>. 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 (Authorized 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 capital letter 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

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

\_\_\_\_\_  
Date



**Grandfathering and/ or Certification Application Form  
for Associate Operational Risk Management Professional (AORP)  
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 HR Verification Annex 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.

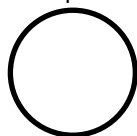
Employment Information	
<b>Name of the applicant:</b>	
<b>HKID/ passport number:</b>	
<b>Job number (as stated in Section C):</b>	<b>Current/ Job no:</b>
<b>Position/ functional title:</b>	
<b>Name of employer:</b>	
<b>Business division/ department:</b>	
<b>Employment period of the <u>stated</u> functional title/ position:</b> (DD/ MM/ YYYY)	From:  To:
<b>Key roles/ responsibilities in relation to the <u>stated</u> functional title/ position:</b> (Tick the appropriate box(es); Application will be processed based on the role(s) ticked)	<input type="checkbox"/> Role 1 – Operational Risk Management ( <i>fill in p.AC2</i> ) <input type="checkbox"/> Role 2 – Business Function Risk and Control ( <i>fill in p.AC2</i> )
<b>Total number of years and months of carrying “Role 1” or “Role 2” function in the <u>stated</u> position</b>	_____ years _____ months

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

Key Roles/ Responsibilities	Please "✓" where appropriate
<input type="checkbox"/> <b>Role 1 – Operational Risk Management</b> <b>OR</b> <input type="checkbox"/> <b>Role 2 – Business Function Risk and Control</b>	
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 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: \_\_\_\_\_



### 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/Examination/Certification/Exemption results for ECF on ORM (Core Level)” to \_\_\_\_\_ (*applicant’s bank name*) for HR and Internal Record.

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.