



Received on:

Acknowledged on:

Application no:

Certification Application Form for Associate Retail Wealth Professional (ARWP)

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 of Certification Application for ARWP/CRWP" (RWM-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 Particulars¹

| | | | |
|--|--|--|----------------|
| 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 (Membership No.) | |
| Name in English ² : (Surname) (Given Name) | | Name in Chinese ² : | |
| 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 : | | | |
| Academic and Professional Qualification | | | |
| 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: Application Types

| |
|--|
| ARWP Certification Application |
| Eligibility: <ul style="list-style-type: none">Completed the training modules and passed the examination or with relevant approved exemption for the Core Level (Modules 1 to 4 of ECF on Retail Wealth Management); andEmployed by an AI at the time of application. |

Section C: 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 D: Payment

| Payment amount | |
|--|---|
| <input type="checkbox"/> 1 st Certification Fee for ARWP (valid until 31 December 2022) | |
| <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* |
| Total amount: HKD _____ | |
| <i>*HKD2,000 reinstatement fee + HKD1,650 certification fee</i> | |
| Payment method | |
| <input type="checkbox"/> Paid by Employer | |
| <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 ARWP Certification” under “remarks” and email together with the completed application form to cert.gf@hkib.org . | |
| <input type="checkbox"/> Credit card | |
| <input type="checkbox"/> Visa | |
| <input type="checkbox"/> Master | |
| Card no: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Expiry date (MM/ YY): | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| Name of Cardholder (as on credit card): | _____ |
| Signature (as on credit card): | _____ |



Section E: Privacy Policy Statement

It is our policy to meet fully the requirements of the Personal Data (Privacy) Ordinance. HKIB recognises the sensitive and highly confidential nature of much of the personal data which that it handles, and maintains a high level of security in its work. HKIB does its best to ensure compliance with the Ordinance by providing guidelines to and monitoring the compliance of the relevant parties.

For more details, please refer to this [Privacy Policy Statement](#) or contact us at the address and telephone number below:

The Hong Kong Institute of Bankers

3/F Guangdong Investment Tower, 148 Connaught Road Central, Hong Kong

Tel.: (852) 21537800

Fax: (852) 25449946

Email: cs@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.

| FOR INSTITUTE USE ONLY | |
|--|--------------|
| Assessed by : _____ (Staff Name) | _____ (Date) |
| Reviewed by : _____ (Staff Name) | _____ (Date) |
| <input type="checkbox"/> Approved / <input type="checkbox"/> Rejected by: _____ (Staff Name) | _____ (Date) |
| Remarks: _____ | |



Section F: 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 [Privacy Policy Statement](http://www.hkib.org) 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 “I have read and agreed to comply with the “Guidelines of Certification Application for ARWP/CRWP” (RWM-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 certification application
- Copy of your examination result and approved exemption letter
- Copy of your HKID/ Passport
- Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

Signature of Applicant

Date

(Name: _____)



Certification Application Form for Associate Retail Wealth Professional (ARWP)

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

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 CURRENT position/ functional title** in your application. A completed application form should contain p.1-5. You can make sufficient copies of HR Verification Annex (ARWP) (p.AC1-AC2).
3. Use BLOCK LETTERS to complete HR Verification Annex (ARWP).

| Employment Information | |
|---|------------------------|
| Name of the applicant: | |
| HKID/ passport number: | |
| Position/ functional title: | |
| Name of employer: | |
| Business division/ department: | |
| Employment period of <u>Current</u> functional title/ position: (DD/ MM/ YYYY) | From: To: |
| Number of Years and Months in <u>Current</u> position of RWM | _____Years _____Months |

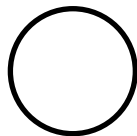


Tick the appropriate key roles/ responsibilities in relation to your **current** functional title/ position stated on p.AC1 of HR Verification Annex (ARWP).

| Key Roles/ Responsibilities | Please "✓" where appropriate |
|---|------------------------------------|
| 1. Promote insurance and financial products to customers and explain product features to retail customers | |
| 2. Assist Relationship Managers in providing professional investment, insurance or wealth planning services to retail customers | |
| 3. Handle customer enquiries in relation to insurance, investment and wealth management services | |
| 4. Dealing in and advising on securities | |

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 RWM (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.