

Received on:

Acknowledged on:

Application no:

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

**Important notes:**

1. The application is only for the **Relevant Practitioner** engaged by Authorized Institutions (AIs) at the time of application **ONLY**.
2. Read carefully the "Guidelines of Grandfathering Application for ECF-Compliance" (COM-G-007) and "Guidelines of Certification Application for ACOP/CCOP(GC)/CCOP(IIC)" (COM-G-008) **BEFORE** completing this application form.
3. Only the **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> <span style="margin-left: 150px;"><i>(Given Name)</i></span>		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/Functional 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-Compliance (Professional Level) only

Role:  **Role 1: General Compliance (GC)** and/ or  
 **Role 2: Investment and/or Insurance Compliance (IIC)**

Eligibility\*:

- Possessing at least 8 years of relevant work experience in the general compliance function (for Role 1) or in the investment and/or insurance compliance function (for Role 2) which is related to the tasks as specified in the "**Key Roles/Responsibilities**" of the **HR Verification Annex (Professional Level)** (p.AC2-AC4), of which at least 3 years must be gained from respective Professional Level job roles; and
- Employed by an AI at the time of application.

### Type 2: Certification Application for CCOP(GC) and/or CCOP(IIC)

Certification:  CCOP(GC) and/or  CCOP(IIC)

Eligibility\*:  Option I:

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

Option II (for CCOP(GC)):

- Completion of Module 4 of the ECF-Compliance Professional Level training programme on top of the Core Level certification; and
- 5 year's relevant work experience in the general compliance function within 10 years immediately prior to the date of application for certification, but does not need to be continuous; and
- Employed by an AI at the time of application.

Option III (for CCOP(IIC)):

- Completion of Module 4 and Module 5 of the ECF-Compliance Professional Level training programme on top of the Core Level certification; and
- 5 year's relevant work experience in the investment and/or insurance compliance function within 10 years immediately prior to the date of application for certification, but does not need to be continuous; 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 general compliance function or in the investment and/or insurance compliance function in **reverse chronological order**. Work experience does not need to be continuous. Each position listed requires a separate HR Verification Annex (Core/ Professional Level).

Job Number	Employer	Position	Employment Period for the position (DD/MM/YYYY)
<b>Current</b>			From To
<b>Job 2</b>			From To
<b>Job 3</b>			From To
<b>Job 4</b>			From To
<b>Job 5</b>			From To
<b>Job 6</b>			From To
<b>Job 7</b>			From To
<b>Job 8</b>			From To
<b>Job 9</b>			From To

Total relevant work experience: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)  
 Total number of HR Verification Annex (Core/Professional Level) 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).

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 E: Payment**

Payment amount	
<input type="checkbox"/> Type 1: Grandfathering application (Professional Level)	
<input type="checkbox"/> General Compliance (GC)	HKD1,100
<input type="checkbox"/> Investment and/or Insurance Compliance (IIC)	HKD1,100
<input type="checkbox"/> Both General Compliance (GC) and Investment and/or Insurance Compliance (IIC)	HKD2,150
<input type="checkbox"/> Type 2: 1st Year Certification Fee for CCOP(GC) and/or CCOP(IIC)(valid until 31 December 2023)	
<input type="checkbox"/> Not currently a HKIB member	HKD1,730
<input type="checkbox"/> <u>Current and valid</u> HKIB Ordinary member	HKD600
<input type="checkbox"/> <u>Current and valid</u> HKIB Professional member	Waived
<input type="checkbox"/> <u>Current and valid</u> Senior member	HKD1,530
<input type="checkbox"/> HKIB Default member	HKD3,730*
<b>Total amount: HKD _____</b>	
<small>*HKD2,000 reinstatement fee + HKD1,730 certification fee</small>	
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 “ <b>The Hong Kong Institute of Bankers</b> ” (cheque no. _____). For e-Cheque, please state “ECF-Compliance Grandfathering and Certification” under ‘remarks’ and email together with the completed application form to <a href="mailto:cert.gf@hkib.org">cert.gf@hkib.org</a> .	
<input type="checkbox"/> Credit card	
<input type="checkbox"/> Visa	
<input type="checkbox"/> Master	
Card no: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	
Expiry date (MM/YY): <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
Name of Cardholder (as on credit card): _____	
Signature (as on credit card): _____	

## Section F: 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 of which 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) 2153 7800

Fax: (852) 2544 9946

Email: [cs@hkib.org](mailto: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.***

## 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 or otherwise) in this application.
- I confirm that I have read and understood the [Privacy Policy 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 "Guidelines of Grandfathering Application for ECF- Compliance" (COM-G-007) and "Guidelines of Certification Application for ACOP/CCOP(GC)/ CCOP(IIC)" (COM-G-008).

### **Document Checklist**

To facilitate the application process, please check the following items before submitting them to the HKIB. Failure to submit the documents may cause delays or termination of the 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
- Associateship/Fellowship of Chartered Governance Hong Kong.

The certifier must sign and date the copy document (printing his/her name clearly in capital letters underneath) and clearly indicate his/her position on it. The 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 ECF-Compliance (Professional Level)**

**HR Department Verification Form on Key Roles/Responsibilities for Compliance 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 EACH relevant position/ functional title** in your application. A completed application form should contain p.1-7. You can make sufficient copies of HR Verification Annex (Core Level) (p.AC1-AC4).
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.

Employment Information	
<b>Name of the applicant:</b>	
<b>HKID/passport number:</b>	
<b>Job number (as stated in Section C in P.3):</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 stated functional title/position:</b> <i>(DD/MM/YYYY)</i>	From:  To:
<b>Key roles/ responsibilities in relation to the stated functional title/ position:</b> <i>(Tick the appropriate box(es); Application will be processed based on the role(s) ticked)</i>	<input type="checkbox"/> Role 1 – General Compliance  <input type="checkbox"/> Role 2 – Investment and Insurance
<b>Total number of years and months of carrying compliance function in the stated 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 (Professional Level)**.

Key Roles/Responsibilities	Please "✓" where Appropriate
<input type="checkbox"/> <b>Role 1 - General Compliance</b>	
1. Develop, review, evaluate and update the AI's compliance policies, procedures, guidelines and compliance related documents to ensure congruence with its legal and regulatory obligations and the AI's internal requirements	
2. Establish and review compliance monitoring programmes to ensure the AI's compliance with applicable legal and regulatory requirements, and codes of conduct	
3. Conduct independent compliance assessments and reviews as mandated by the compliance function to identify, assess and monitor compliance risk and mitigate any conduct and reputational risk issues	
4. Report to and advise senior management on compliance related matters	
5. Investigate suspicious activities and report any possible breaches of laws and regulations in business activities	
6. Analyse areas of non-compliance and identify actions for improvement	
7. Monitor the effectiveness of any remedial actions taken	
8. Provide advice and recommendations on laws, rules and standards to the business units	
9. Maintain a strong understanding of new and emerging products and services and the compliance implications on the AI of such products and services	
10. Develop, review, evaluate and update escalation and whistleblowing policies and procedures for identifying and reporting potential and actual non-compliance issues	

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

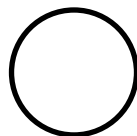
<b>Key Roles/ Responsibilities</b>	<b>Please “√” where Appropriate</b>
11. Maintain regular communication and interaction with operational risk, market risk and credit risk colleagues to understand current areas of heightened operational risk, market risk and credit risk	
12. Liaise with local regulators on a regular basis to ensure open lines of communication, maintain reporting obligations and handle requests	
13. Develop and implement transactions monitoring and surveillance infrastructure on general banking activities	
14. Track and capture key legal and regulatory changes both in Hong Kong and relevant overseas jurisdictions and notify relevant stakeholders to ensure the business operations of the AI could meet the relevant requirements	
15. Provide advice and compliance related training to business units in Hong Kong	
<b>Key Roles/ Responsibilities</b>	<b>Please “√” where Appropriate</b>
<input type="checkbox"/> <b>Role 2 - Investment and Insurance Compliance</b>	
1. Develop, review, evaluate and update the AI’s compliance policies, procedures, guidelines and compliance related documents to ensure congruence with its legal and regulatory obligations and the AI’s internal requirements	
2. Establish and review compliance monitoring programmes to ensure the AI’s compliance with applicable legal and regulatory requirements, and codes of conduct covering the selling process	
3. Report to and advise senior management on compliance related matters including sales suitability, financial need analysis and cross border selling restrictions	
4. Investigate suspicious activities and report any possible non-compliance incidents related to AI’s investment and insurance business activities	

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

Key Roles/ Responsibilities	Please "✓" where Appropriate
5. Identify and handle non-compliance issues and monitor the effectiveness of any remedial actions taken	
6. Provide advice on business initiatives, product development, and review and approve marketing materials for dissemination	
7. Provide advice and guidance on compliance related matters to relationship managers and investment and insurance product managers	
8. Liaise with local regulators on a regular basis to ensure open lines of communication, maintain reporting obligations and handle requests	
9. Develop and implement transactions monitoring and surveillance infrastructure on investment and insurance business activities	
10. Track and capture key local and regulatory changes both in Hong Kong and relevant overseas jurisdictions and notify relevant stakeholders to ensure the business operations of the AI could meet the relevant requirements	
11. Provide advice and training on investment and insurance compliance to business units in Hong Kong	

### 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:

AC4

### 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-Compliance (Professional Level)” to \_\_\_\_\_ (*applicant’s bank name*) for HR and Internal Record.

Signature:

HKIB Membership No./HKID No.\*:

\_\_\_\_\_

\_\_\_\_\_

Date:

Contact Phone 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 is 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 on this authorization.