

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).

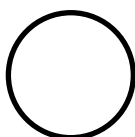
Employment Information	
Name of the applicant:	
HKID/ passport number:	
Position/ functional title:	
Name of employer:	
Business division/ department:	
Employment period of <u>Current</u> functional title/ position: (DD/ MM/ YYYY)	From: To:
Number of Years and Months in <u>Current</u> position of RWM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