



Certification Application Form for Certified Retail Wealth Professional (CRWP)

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.
- Fill in <u>ONE</u> complete HR Verification Annex form for <u>EACH</u> relevant position/ functional title in your application. A complete form should contain p.1-6. You can make copies of HR Verification Annex (CRWP) (p.AP1-AP2).
- 3. Use BLOCK LETTERS to complete HR Verification Annex (CRWP).

Employment Information						
Name of the applicant:						
HKID/ passport number:						
Job number (as stated in Section C):	Current/ Job no:					
Position/ functional title:						
Name of employer:						
Business division/ department:						
Employment period of stated	From:					
functional title/ position:						
(DD/ MM/ YYYY)	То:					
Key roles/ responsibilities in relation to the	Role 1 – Frontline Customer Relationship and					
stated functional title/ position:	Retail Wealth Management (fill in p.AP2)					
(Tick the appropriate box(es); Application	Role 2 – Risk Management and Control (fill in					
will be processed based on the role(s)	p.AP2)					
ticked)						
Total number of years and months of	Years Months					
carrying RWM function in the <u>stated</u>	iconsicontins					
position						



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

		Please "√"
	Key Roles/ Responsibilities	where
		appropriate
	Role 1 – Frontline Customer Relationship and Retail Wealth Management	
1.	Perform "Know Your Customer" (KYC) procedures for client on-boarding and regular profile update	
2.	Perform product suitability analysis and recommend suitable products to retail customers	
3.	Explain key features, structures and risks of insurance, investment and wealth management products /solutions to retail customers	
4.	Manage customer relationships in accordance with the bank's service	
5.	Act ethically and ensure compliance with regulatory requirements and internal policies and procedures	
6.	Work closely with relevant parties to ensure timely and accurate execution of transactions, and conduct regular review of the performance of customers' asset portfolios	
7.	Keep abreast of the development of retail wealth management industry and economic conditions and product knowledge for meeting ongoing job requirements	
8.	Dealing in and advising on securities	
	Role 2 – Risk Management and Control	•
1.	Monitor and review KYC processes and customer risk profiling mechanism	
2.	Oversee product suitability assessments, front line selling practices, and specific policies, procedures and controls to ensure front line staff recommend insurance, investment products and wealth management solutions that are suitable for their customers, having regard to customers' individual circumstances	
3.	Perform continuous review of the risk ratings assigned to customers, make revisions to the risk ratings as appropriate and alert customers to such changes in a timely manner	
4.	Ensure ethical behaviors and compliance with regulatory requirements and internal policies and procedures	
5.	Manage customer relationships including handling of escalated complaint cases in relation to retail wealth management business	
6.	Ensure frontline staff are equipped with sufficient and relevant training on products and compliance	

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).

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Signature & Company Chop						
Name:						
Department:						
Position:						





Authorization for Disclosure of Personal Information to a Third Party

I,			, (name	of a	oplicant) h	ereby authorize	The Hong H	〈ong	
Institute of Bankers (HKIB) to disclose my results and progress of the "Grandfathering/Examination/									
Certification/Exemption	results	for	ECF	-	RWM	(Professional	Level)"	to	
		_(applic	cant's ba	ınk na	<i>ime)</i> for HF	R and Internal Rec	ord.		
Signature:	HKIB Membership No./ HKID No.*:								
Date:			Conta	ict 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.