

## Certification Application Form for Associate Credit Risk Management Professional (ACRP)

**Important notes:**

- The application is only for the **Relevant Practitioner** engaged by an Authorized Institutions (AIs) at the time of application **ONLY**.
- Read carefully the "Guidelines of Certification Application for ACRP / CCRP(CL) and/or CCRP(CPM)" (CRM-G-008) **BEFORE** completing this application form.
- 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 checked="" 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 <small>(Membership No.)</small>	
Name in English <sup>2</sup> : <div style="text-align: center;">CHAN Tai Man</div> <small>(Surname)                      (Given Name)</small>	Name in Chinese <sup>2</sup> : <div style="text-align: center;">陳大文</div>	
HKID/Passport Number: <div style="text-align: center;">A123456(7)</div>	Date of Birth: (DD/MM/YYYY) <div style="text-align: right;">14/02/1980</div>	
<b>Contact information</b>		
Mobile Phone Number: <div style="text-align: center;">(Area Code) 9292-9292</div>	(Primary) Email Address <sup>3</sup> : <div style="text-align: right;">taimanchan@gmail.com</div> (Secondary) Email Address: <div style="text-align: right;">peterchan@abc.com</div>	
Correspondence Address: <div style="text-align: center;">Flat 8, 18/F, Block A, Hong Kong Garden, Wanchai, Hong Kong</div>		
<b>Employment information</b>		
Name of Current Employer: <div style="text-align: center;">ABC Bank</div>	Office Telephone Number: <div style="text-align: right;">(Area Code) 2121-2121</div>	
Position/ Job Title: <div style="text-align: center;">Officer</div>	Department: <div style="text-align: right;">Credit Risk Department</div>	
Office Address <sup>4</sup> : <div style="text-align: center;">8/F, ABC Bank Tower 8 Garden Road, Central</div>		
<b>Academic and Professional Qualification</b>		
Highest Academic Qualification Obtained: <div style="text-align: center;">MSc in System Analyst</div>	University/ Tertiary Institution: <div style="text-align: center;">University of Hong Kong</div>	Date of Award: <div style="text-align: right;">07/2008</div>
Other Professional Qualifications: <div style="text-align: center;">N.A.</div>	Professional Bodies: <div style="text-align: center;">N.A.</div>	

- Put a "✓" in the appropriate box(es).
- Information as shown on identity document.
- All HKIB communication will be sent to the Primary Email Address.
- Provide if not the same as the correspondence address above.

## Section B: Application Types

<b>ACRP Certification Application</b>
<p>Eligibility:</p> <ul style="list-style-type: none"> <li>Completed Module 1 – 3 trainings and passed the examinations or with relevant approved exemption for the Professional Certificate for ECF on Credit Risk Management (CRM); and</li> <li>1 year’s relevant work experience within 3 years immediately prior to the date of application for certification, but does not need to be continuous; and</li> <li>Employed by an AI at the time of application.</li> </ul>

## Section C: Relevant Employment History

List all the relevant employment history in the credit 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 (ACRP).

Job Number	Employer	Position	Employment Period for the position (DD/MM/YYYY)
<b>Current</b>	ABC Bank	Officer	From 01/01/2018 To 31/12/2022 or current
<b>Job 2</b>			From To
<b>Job 3</b>			From To
<b>Job 4</b>			From To
<b>Job 5</b>			From To

Total relevant work experience: 5 year(s) --- month(s)  
 Total number of HR Verification Annex (ACRP) submitted: 1

## 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No
5. Have you ever been adjudged bankrupt, or served with a bankruptcy petition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Section E: Payment**

Payment amount	
1st Year Certification Fee for ACRP ( <i>valid until 31 December 2023</i> )	
<input checked="" 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 \$1,730</b>	
<i>*HKD2,000 reinstatement fee + HKD1,730 certification fee</i>	
Payment method	
<input checked="" type="checkbox"/> Paid by Employer	
<input type="checkbox"/> Company cheque (cheque no: _____)	
<input checked="" type="checkbox"/> Company invoice ( <b>Filled by HKIB</b> )	
<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 "ACRP 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 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 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.*

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

## 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 HKIB to obtain the relevant authorities to release, any information about my qualifications and/or employment as required for my application.
- I acknowledge that 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 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 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 Certification Application for ACRP/CCRP(CL) and/or CCRP(CPM)” (CRM-G-008).

### Document Checklist

To facilitate the application process, please check the following items before submitting to 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 HKID/Passport
- Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

*Peter Chan*

01/01/2023

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**(Name: Chan Tai Man )**

## Certification Application Form for Associate Credit Risk Management Professional (ACRP)

### HR Department Verification Form on Key Roles/ Responsibilities for CRM Practitioner

(For entry-level and junior level staff in the credit function)

<p><b>Important notes:</b></p> <ol style="list-style-type: none"> <li>1. All information filled in including company chop must be true and original.</li> <li>2. Fill in <b>ONE complete HR Verification Annex form for EACH relevant position/functional title</b> in your application. A completed application form should contain p.1-6. You can make sufficient copies of HR Verification Annex (ACRP) (p.AC1-AC4).</li> <li>3. Use BLOCK LETTERS to complete HR Verification Annex (ACRP).</li> </ol>
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Employment Information	
<b>Name of the applicant:</b>	Chan Tai Man
<b>HKID/passport number:</b>	A123456(7)
<b>Job number (as stated in Section C):</b>	<b>Current/Job no:</b>
<b>Position/functional title:</b>	Officer
<b>Name of employer:</b>	ABC Bank
<b>Business division/department:</b>	Credit Risk Department
<b>Employment period of the <u>stated</u> functional title/ position:</b> <i>(DD/MM/YYYY)</i>	From: 01/01/2018  To: 31/12/2022 or current
<b>Key roles/responsibilities in relation to the <u>stated</u> functional title/ position:</b> <i>(Tick the appropriate box(es); Application will be processed based on the role(s) ticked)</i>	<input checked="" type="checkbox"/> Role 1 – Credit Initiation and Appraisal <i>(fill in p.AC2)</i> <input type="checkbox"/> Role 2 – Credit Evaluation, Approval and Review <i>(fill in p.AC3)</i> <input type="checkbox"/> Role 3 – Credit Risk Management and Control <i>(fill in p.AC4)</i>
<b>Total number of years and months of carrying credit function in the <u>stated</u> position</b>	5 _____ years --- _____ months

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

Key Roles/ Responsibilities	"✓"
<input checked="" type="checkbox"/> <b>Role 1 – Credit Initiation and Appraisal</b>	
1. Assist in performing credit initiation of commercial lending within established policies	✓
2. Assist in assessing borrowers' credit and financial information for preparing credit proposals	✓
3. Assist in evaluating the borrowers' information relating to industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc.	✓
4. Assist in assessing borrowers' credit ratings	
5. Assist in assessing other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc.	✓
6. Assist in monitoring borrowers' accounts	
7. Assist in assessing whether the terms and conditions of the credit facilities can meet the financing need of borrowers	✓
8. Assist in assessing whether the covenants, conditions and triggers are sufficient and effective for ongoing monitoring	
9. Assist in assessing factors related to risk-adjusted returns/ costing assessment	✓

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

Key Roles/ Responsibilities	“√”
<input type="checkbox"/> <b>Role 2 – Credit Evaluation, Approval and Review</b>	
1. Assist in assessing and analysing collected information about prospective corporate clients, for example: <ul style="list-style-type: none"> <li>• <i>Industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc.</i></li> </ul>	
2. Assist in assessing the credit and financial strength of the corporate borrowers to determine clients’ creditworthiness and acceptable levels of credit exposure in accordance with credit policies and relevant regulations. <ul style="list-style-type: none"> <li>• Assist in assessing corporate borrowers’ credit ratings (e.g. based on internal or external ratings)/ loan classification</li> <li>• Assist in assessing quality of collateral and verifying its values as well as cost of selling the collateral, taking into account the type of collateral, economic situation, seniority of claim, etc.</li> <li>• Assist in assessing other types of risk mitigations and comforts</li> <li>• Assist in assessing other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc.</li> </ul>	
3. Assist in assessing application of funds	
4. Assist in assessing credit limit for approval	
5. Assist in assessing factors related to risk-adjusted returns/ costing assessment	
6. Assist in setting credit covenants	
7. Assist in following up with loan officers/ account managers	

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

Key Roles/ Responsibilities	“√”
<input type="checkbox"/> <b>Role 3 – Credit Risk Management and Control</b>	
1. Assist in formulating and reviewing credit policies, procedures and methodologies	
2. Assist in monitoring accounts on a day-to-day basis to identify changes in clients’ financial condition and capacity to repay the outstanding debts	
3. Assist in performing analysis on credit limits and monitoring credit portfolios	
4. Assist in performing assessment and gap analysis according to regulatory and management requirements regarding calculations of risk indicators such as probability of default, loss given default, exposure at default, etc.	
5. Assist in performing assessment and gap analysis according to regulatory and management requirements regarding calculations of portfolio performance indicators such as risk weighted assets, risk adjusted returns, regulatory and/ or economic capital requirements	
6. Assist in general review of and providing feedback for enhancement of internal credit rating systems	
7. Assist in handling the recovery and work-out of problem loans/ deteriorating credit	
8. Assist in performing stress testing analysis, scenario analysis, and other types of portfolio analysis	
9. Assist in preparing analytical reports to management	

**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).

*Jimmy Wong* **ABC Bank**

01/01/2023

**Signature & Company Chop**

**Date**

Name: Jimmy Wong  
 Department: Human Resources  
 Position: Head of HR

## Authorization for Disclosure of Personal Information to a Third Party

Chan Tai Man

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-CRM (Core Level)” to \_\_\_\_\_  
ABC Bank  
(*applicant’s bank name*) for HR and Internal Record.

Signature:

*Peter Chan*

HKIB Membership No./ HKID No.\*:

A123456(7)

Date:

01/01/2023

Contact No.:

(Area Code) 9292-9292

*\*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.