

Received on:

Acknowledged on:

Application no:

**SAMPLE
ONLY**

Certification Application Form for Associate AML Professional (AAMLPL)

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 AAMLPL/CAMLPL" (AML-G-015) **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 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 (Membership No.)	
Name in English ² : <div style="text-align: center;">CHAN Tai Man</div> <div style="display: flex; justify-content: space-around; font-size: small;"> (Surname) (Given Name) </div>		Name in Chinese ² : <div style="text-align: center;">陳大文</div>	
HKID/ Passport Number: A123456(7)		Date of Birth: (DD/ MM/ YYYY) <div style="text-align: right;">14/02/1980</div>	
Contact information			
Mobile Phone Number: <div style="text-align: center;">(Area Code) 9292-9292</div>		(Primary) Email Address ³ : <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>			
Employment information			
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;">Senior Officer</div>		Department: <div style="text-align: center;">AML</div>	
Office Address ⁴ : <div style="text-align: center;">8/F, ABC Bank Tower, 8 Garden Road, Central</div>			
Academic and Professional Qualification			
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: center;">07/2008</div>	
Other Professional Qualifications: <div style="text-align: center;">N.A..</div>		Professional Bodies: <div style="text-align: center;">N.A..</div>	

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 of application by putting a "✓" in the appropriate box.

AAMLPS Certification Application	Location of Training & Exam received:
<p>Eligibility*: <input checked="" type="checkbox"/> Option I:</p> <ul style="list-style-type: none"> Completed the Advanced Certificate for ECF-AML/CFT training and passed the corresponding examination are eligible to apply for the certification as AAMLPS which is issued by HKIB and recognized by HKMA; and Employed by an AI at the time of application. <p><input type="checkbox"/> Option II:</p> <ul style="list-style-type: none"> Holder of the Certified Anti-Money Laundering Specialist certification or the International Diploma in AML awarded by the Association of Certified Anti-Money Laundering Specialists and the International Compliance Association; and Passed the bridging training programme offered by the HKIB in collaboration with HKU SPACE; and Employed by an AI at the time of application. 	<p><input checked="" type="checkbox"/> Hong Kong <input type="checkbox"/> Macao</p>

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 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 D: Payment

Payment amount	
1st Year Certification Fee for AAMLPLP (valid until 31 December 2023)	
<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*
Total amount: HKD \$1,730	
<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 (Filled by HKIB)	
<input type="checkbox"/> A cheque/ e-Cheque made payable to "The Hong Kong Institute of Bankers" (cheque no. _____). For e-Cheque, please state "AAMLPLP 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:	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
Expiry date (MM/YY):	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
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 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

☐ *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 “Guidelines of Certification Application for AAML/CAML” (AML-G-015).

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
- ☒ Certified true copies of your HKID/Passport⁵
- ☒ Certified true copies of your certificate(s)⁵ and Letter of completion for bridging training programme
- ☒ Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

5. 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.

Certifier must sign and date the copy document (printing his/ her name clearly in capital letter underneath) and clearly indicate his/ her position on it. Certifier must state that it is a true copy of the original (or words to similar effect).

Peter Chan

01/01/2023

Signature of Applicant

Date

(Name: Chan Tai Man)

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Certification Application Form for Associate AML Professional (AAMLPL)

HR Department Verification Form on Key Roles/ Responsibilities for AML/ CFT 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 (AAMLPL) (p.AC1-AC2).
3. Use BLOCK LETTERS to complete HR Verification Annex (AAMLPL).

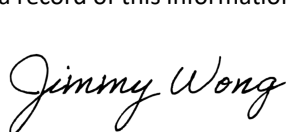
Employment Information	
Name of the applicant:	Chan Tai Man
HKID/passport number:	A123456(7)
Position/functional title:	Senior Officer
Name of employer:	ABC Bank
Business division/department:	AML
Employment period of <u>Current</u> functional title/ position: (DD/MM/YYYY)	From: 01/01/2018 To: 31/12/2022 or current
Number of Years and Months of Work Experience in the <u>Current</u> AML/CFT Compliance Position	5 _____ Years _____ Months
Work Location	<input checked="" type="checkbox"/> Hong Kong <input type="checkbox"/> Macao <input type="checkbox"/> Others, please specify: _____

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

Key Roles/ Responsibilities	Please "✓" where appropriate
1. Assist in conducting AML/CFT risk assessment reviews and communicating results	✓
2. Assist management in reviewing the AML/CFT compliance risk management framework by performing periodic compliance tests on the AML/CFT programme	✓
3. Analyse data to explore root causes and to derive remedial initiatives	✓
4. Execute remediation of compliance deficiencies (discovered internally or by regulators) within a bank	
5. Review and investigate suspicious transaction alerts and prepare appropriate documentation on AML/CFT inquiries	✓
6. Communicate review findings in an accurate and timely manner and work collaboratively with internal and external stakeholders of the bank	
7. Escalate investigation of suspicious activity to the appropriate personnel (e.g. Money Laundering Reporting Officer) where further investigation and report filings may be necessary	✓
8. Other Key Roles/ Responsibilities related to AML/CFT compliance work (please specify): _____ _____	

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).




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

I, Chan Tai Man, (*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-AML/CFT (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.