

Received on:

Acknowledged on:

Application no:

## Certification Application Form for CB Affiliate and ECF Affiliate

### Important Notes:

1. You are required to complete this application form by providing the required information accurately.
2. To maintain this Affiliate Designation status in the coming years, you are required to:
  - a. maintain a valid HKIB membership; and
  - b. fulfil the HKIB Continuing Professional Development (CPD) requirements
3. Default Member should apply for reinstatement and settle the fee before applying for Affiliate Designation(s).
4. Please complete and submit the SIGNED application form together with the required documents via email to [cert.gf@hkib.org](mailto:cert.gf@hkib.org) or by post/in person to The Hong Kong Institute of Bankers (HKIB).
5. The certification processing time will require approximately 1 month.

### 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 (Membership No.)	
Name in English <sup>2</sup> :  (Surname) (Given Name)		Name in Chinese <sup>2</sup> :	
HKID/Passport Number:		Date of Birth: (DD/MM/YYYY)	
<b>Contact Information</b>			
(Primary) Email Address <sup>3</sup> :		Mobile Phone Number:	
(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> :			

### Notes:

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 (Personal email preferred).
4. Provide if not the same as the correspondence address above.

## Section B: Indication of Certification Applied

Indicate the certification(s) applied by putting a "✓" in the appropriate box(es).

Type of Affiliate Designation				
<input type="checkbox"/> <b>CB Affiliate</b>				
	<input type="checkbox"/> CB Stage I	<input type="checkbox"/> CB Stage II	<input type="checkbox"/> CB Stage	
<input type="checkbox"/> <b>ECF Affiliate</b>				
<b>AML/CFT</b>	<input type="checkbox"/> AAML	<input type="checkbox"/> CAMLP		
<b>Compliance</b>	<input type="checkbox"/> ACOP	<input type="checkbox"/> CCOP(GC)	<input type="checkbox"/> CCOP(IIC)	
<b>CRM</b>	<input type="checkbox"/> ACRP	<input type="checkbox"/> CCRP(CL)	<input type="checkbox"/> CCRP(CPM)	
<b>Cybersecurity</b>	<input type="checkbox"/> ACsP			
<b>Fintech</b>	<input type="checkbox"/> CPFinT(A)	<input type="checkbox"/> CPFinT(M)	<input type="checkbox"/> CPFinT(S-AIBD)	
	<input type="checkbox"/> CPFinT(S-DLT)	<input type="checkbox"/> CPFinT(S-OBAPI)	<input type="checkbox"/> CPFinT(S-RT)	
<b>GSF</b>	<input type="checkbox"/> AGFP(PS)	<input type="checkbox"/> AGFP(ClimRM)	<input type="checkbox"/> AGFP(SDR)	<input type="checkbox"/> AGFP(SSCC)
	<input type="checkbox"/> CGFP(GSF-P)	<input type="checkbox"/> CGFP(GSF-I)	<input type="checkbox"/> CGFP(SRM)	<input type="checkbox"/> CGFP(SDR)
	<input type="checkbox"/> CGFP(SSCC)			
<b>ORM</b>	<input type="checkbox"/> AORP	<input type="checkbox"/> CORP		
<b>RWM</b>	<input type="checkbox"/> ARWP	<input type="checkbox"/> CRWP		

Indicate the reason of applying Affiliate Designation(s) by putting "✓" in the appropriate box(es).

Reason <sup>5</sup>
<input type="checkbox"/> Non-current Relevant Practitioners in the banking industry (as defined by the HKMA) <ul style="list-style-type: none"> <li><input type="checkbox"/> Full-time post-secondary students</li> <li><input type="checkbox"/> Current banking practitioners in non-relevant job roles</li> <li><input type="checkbox"/> Practitioners in non-banking fields</li> <li><input type="checkbox"/> Banking practitioners previously deemed as Relevant Practitioners but who have changed to non-relevant job roles or currently not under banking employment / retired</li> </ul>
<input type="checkbox"/> Current Relevant Practitioners in the banking industry (as defined by the HKMA) who do not possess sufficient relevant working experience for certification requirements

**Note:**

5. No application is required if you have completed a CB/ECF Programme **after 2024** since an Affiliate designation will be complimentary granted to you when you receive your digital programme certificate.

## Section C: Payment

Payment Amount	
<p>Indicate the fee by putting a "✓" in the appropriate box(es).</p> <p><b>1<sup>st</sup> Year Certification Fee for Affiliate Designation</b>  <i>(Certification valid until 31 December 2025)</i></p> <p><i>Holder of PQP diploma / certificate (Articulation to Affiliate Designation)</i></p> <p>First-year affiliate certification fee <span style="float: right;"><input type="checkbox"/> Waived</span></p> <p><i>Holder of PQ scroll (From Professional Qualification to Affiliate Designation)</i></p> <p>First-year affiliate certification <span style="float: right;"><input type="checkbox"/> Waived</span>  <span style="float: right;"><i>(if PQ certification fee has been paid)</i></span></p> <p style="text-align: right;"><input type="checkbox"/> HKD1,230</p> <p>Administration fee <span style="float: right;"><input type="checkbox"/> HKD600</span></p> <p style="text-align: right;"><b>Total:</b> _____</p>	
Payment Method (if applicable)	
<p><input type="checkbox"/> Paid by Employer – Company Invoice</p> <p><input type="checkbox"/> Faster Payment System (FPS) – (Account: <a href="mailto:account@hkib.org">account@hkib.org</a>), please state “Affiliate Certification” under the ‘FPS remark’ and email the payment advice together with the completed application form to <a href="mailto:cert.gf@hkib.org">cert.gf@hkib.org</a>.</p> <p><input type="checkbox"/> Credit Card</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Visa             <input type="checkbox"/> Mastercard         </div> <p>Card No:      <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> - <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> - <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> - <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div></p> <p>Expiry Date (MM/YY):      <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> / <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div></p> <p>Name of Cardholder (as on credit card): _____</p>	

## Section D: Privacy Policy Statement

It is our policy to meet fully the requirements of the Personal Data (Privacy) Ordinance. The 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. The 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 E: 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 regardless of the final application result.
- I authorise 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 the certification 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 HKIB will use the information provided and personal data collected for administration and communication purposes.

### **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
- ☐ Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

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**Signature of Applicant**

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**Date**

**Name:**