



	(For office use only)
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 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 1

Title:	☐ Mr	\square Ms	\square Dr	\square Prof	HKIB Member:	
					☐ Yes	□ No
					(Membership No.)	
Name	in English ² :				Name in Chinese ² :	
(Surnan	ne)	(Given Name)				
HKID/	Passport Num	ber:			Date of Birth: (DD/MM/YYYY)	
	·					
Conta	ct Informatio	n				
	ry) Email Add				Mobile Phone Number:	
(1111116	iry) Eiriaii Add				Wobile Filotie Number.	
(Secor	ndary) Email A	ddress:				
Corres	spondence Ad	dress:				
Emplo	yment Inforn	nation				
Name	of Current En	nployer:			Office Telephone Number:	
Positio	n/Functional	Title:			Department:	
Office	Address 4:					

Notes:

- 1. Put a " \checkmark " 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 " \checkmark " in the appropriate box(es).

Type of Affiliate Designation					
	CB Affiliate				
		☐ CB Stage I	☐ CB Stage II	☐ CB Stage	
	ECF Affiliate				
	AML/CFT	☐ AAMLP	☐ CAMLP		
	Compliance	□ АСОР	□ CCOP(GC)	☐ CCOP(IIC)	
	CRM	☐ ACRP	☐ CCRP(CL)	☐ CCRP(CPM)	
	Cybersecurity	, □ ACsP			
	Fintech	☐ CPFinT(A) ☐ CPFinT(S-DLT)	☐ CPFinT(M) ☐ CPFinT(S-OBAPI)	☐ CPFinT(S-AIBD) ☐ CPFinT(S-RT)	
	GSF	☐ AGFP(PS) ☐ CGFP(GSF-P) ☐ CGFP(SSCC)	☐ AGFP(ClimRM) ☐ CGFP(GSF-I)	☐ AGFP(SDR) ☐ CGFP(SRM)	☐ AGFP(SSCC) ☐ CGFP(SDR)
	ORM	□AORP	☐ CORP		
	RWM	□ ARWP	☐ CRWP		
	ate the reason of the second s	of applying Affiliate D	esignation(s) by puttir	ig "✓" in the appropr	iate box(es).
nea	ason -				
	□ Non-current Relevant Practitioners in the banking industry (as defined by the HKMA)				
	☐ Full-time post-secondary students				
	☐ Current banking practitioners in non-relevant job roles				
	☐ Practitioners in non-banking fields				
	☐ Banking practitioners previously deemed as Relevant Practitioners but who have changed to non-				
	relevant job roles or currently not under banking employment / retired				
	☐ 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 complimentarily granted to you when you receive your digital programme certificate.

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Section C: Declaration Related to Disciplinary Actions, Investigations for Non-compliance and Financial Status

Put a " \checkmark " 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?	☐ Yes	□ 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?	□ Yes	□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?	□ Yes	□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 authorisation is required by law?	□ Yes	□ No
5.	Have you ever been adjudged bankrupt, or served with a bankruptcy petition?	☐ Yes	□ No

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Section D: Payment

Pay	yment Amount			
Indicate the fee by putting a "✓" in the appropriate box(es).				
1 st \	Year Certification Fee for Affiliate Designation			
(Ce	ertification valid until 31 December 2025)			
Hol	lder of PQP diploma / certificate (Articulation to Affiliate D	es	ignation)	
First	st-year affiliate certification fee]	Waived	
Hol	lder of PQ scroll (From Professional Qualification to Affiliat	e i	Designation)	
First	st-year affiliate certification]	Waived	
			(if PQ certification fee has been paid)	
]	HKD1,230	
Adm	ministration fee]	HKD600	
	Total:			
Pay	yment Method (if applicable)			
	Paid by Employer – Company Invoice			
	Faster Payment System (FPS) – (Account: accour	nt(@hkib.org), please state "Affiliate	
	Certification" under the 'FPS remark' and email the payment advice together with the			
	completed application form to cert.gf@hkib.org .			
	Credit Card			
	☐ Visa ☐ Mastercard			
	Card No:		-	
	Expiry Date (MM/YY):			
	Name of Cardholder (as on credit card):			

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Section E: 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 <u>Privacy Policy Statement</u> 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			
Received by:	(Staff Name)	(Date)	
Assessed by:	(Staff Name)	(Date)	
Approved / Rejected by:	(Staff Name)	(Date)	
Remarks:			

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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 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 <u>Privacy Policy Statement</u> 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.

To facilitate the application process, please check the	nt Checklist following items before submitting to the HKIB. Failure ation of application. Please "✓" the appropriate box(es).
☐ All necessary fields on this application form filled ☐ Payment or evidence of payment enclosed (e.g.	d in including your signature cheque or completed Credit Card Payment Instructions)
Signature of Applicant Name:	Date

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