

Certification Application Form for EFC on Cybersecurity (ECF-C) (Core Level)

Important Notes:

1. The application is applicable for the **Relevant Practitioner (RP)** engaged by an Authorized Institution (AI) at the time of application.
2. Completed ECF on Cybersecurity (Core Level) training and passed the examination for the Advanced Certificate for ECF on Cybersecurity.
3. Read carefully the “Guidelines of Certification Application for ECF on Cybersecurity (Core Level)” (CSP-G-022) **BEFORE** completing this application form.
4. Only **completed application form** with all valid supporting documents, including the HR verification forms, will be processed.

Section A: Personal Particulars ¹

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 ² : (Surname) (Given Name)	Name in Chinese ² :	
HKID/Passport Number:	Date of Birth: (DD/MM/YYYY)	
Contact Information		
(Primary) Email Address ³ : (Secondary) Email Address:	Mobile Phone Number:	
Correspondence Address:		
Employment Information		
Name of Current Employer:	Office Telephone Number:	
Position/Functional Title:	Department:	
Office Address ⁴ :		
Academic and Professional Qualification		
Highest Academic Qualification Obtained:	University/Tertiary Institution/College:	Year of Award:
Other Professional Qualifications:	Professional Bodies:	Year of Award:

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 : Certification Eligibility

Only applicants fulfilled the following criteria are eligible for the application. Please put a “✓” in the appropriate box:

- Completed the Advanced Certificate for ECF on Cybersecurity Core Level training programme and passed the corresponding examination; or
- Possessing ECF Affiliate of **ACsP**;

and

- Employed by an AI at the time of application

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 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 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 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 authorisation is required by law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been adjudged bankrupt, or served with a bankruptcy petition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Payment

Payment Amount

Indicate the fee by putting a "✓" in the appropriate box.

1st Year Certification Fee for ACsP (Membership valid until 31 December 2026)

<input type="checkbox"/> Not a HKIB member	HKD2,230 ¹
<input type="checkbox"/> <u>Current and valid</u> HKIB Ordinary Member	HKD2,230 ^{1/970} ^{1,2}
<input type="checkbox"/> <u>Current and valid</u> HKIB Professional Member	Waived

¹ The 1st Year Certification Fee includes a complimentary CPD course (up to 3 hours) that supports your professional growth and career progression. For more details of the CPD course, please contact our Customer Experience Team.

². Members who have paid the HKD1,260 Ordinary Membership fee for the current membership year are required to pay only the difference of HKD970 to complete their certification application.

Payment Method

- Paid by Employer
 - Company Cheque (Cheque No: _____)
 - Company Invoice (_____)
- A cheque/e-Cheque made payable to “**The Hong Kong Institute of Bankers**” (Cheque No. _____). For e-Cheque, please state “ECF-C Certification” under ‘remarks’ and email together with the completed application form to cert.gf@hkib.org.
- Credit Card
 - Visa
 - Mastercard

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"/>
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Expiry Date (MM/YY):

<input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/>
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Name of Cardholder (as on credit card):

<input type="text"/>

Signature of Cardholder (as on credit card):

<input type="text"/>

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 [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@hkit.org

The HKIB would like to provide the latest information to you via weekly E-news. 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 F: Acknowledgement and Declaration

- I declare that all information I have provided in this form is true and correct.
- I understand that the fee paid is 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 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.
- I have read and agreed to comply with the “Guidelines of Certification Application for ECF on Cybersecurity (Core Level)” (CSP-G-022).

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 **HR Verification Annex (Core Level)** fulfilling the requirements as stipulated for certification application
- Copy of your examination result
- Copy of your HKID/Passport (Non HKIB members only)
- Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

Signature of Applicant**(Name:**

Date

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Certification Application Form for ECF on Cybersecurity (Core Level)

HR Department Verification Form on Employment Information for Cybersecurity Practitioner

Important Notes:

1. A completed Certification Application Form for ECF on Cybersecurity (Core Level) should contain p.1-5 plus this **HR Verification Annex (Core Level)** form (p.AC1-AC3).
2. All information filled in including company chop must be true and original.
3. Use BLOCK LETTERS to complete this form.

Employment Information	
Name of the Applicant:	
HKID/Passport Number:	
Current Position/Functional Title:	
Name of Current Employer:	
Business Division/Department:	
Employment Period of the Current Position /Functional Title: <i>(DD/MM/YYYY)</i>	From: To:
Key Roles/Responsibilities in Relation to the Stated Position/Functional Title: <i>(Tick the appropriate box(es); Application will be processed based on the role(s) ticked)</i>	<input type="checkbox"/> Role 1 – IT Security Operations and Delivery <i>(fill in p.AC2)</i> <input type="checkbox"/> Role 2 – IT Risk Management and Control <i>(fill in p.AC2)</i> <input type="checkbox"/> Role 3 – IT Audit <i>(fill in p.AC3)</i>
Total Time Spent for the above Specified Functional Role(s) in the Stated Position	_____ Year(s) _____ Month(s)
Work Location	<input type="checkbox"/> Hong Kong <input type="checkbox"/> Others, please specify: _____



Please declare the “Key Roles/Responsibilities” in relation to your position/functional title stated on **p.AC1 of HR Verification Annex (Core Level)** form by ticking the appropriate box(es).

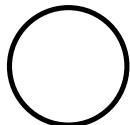
Key Roles/Responsibilities	Please “✓” where appropriate
<input type="checkbox"/> Role 1 – IT Security Operations and Delivery	
<input type="checkbox"/> Operational Tasks:	
1. Implement and enforce the bank’s IT security policies	
2. Responsible for the day-to-day security operation of the bank including access control configuration, reviewing program changes requests, reviewing IT incidents, security reporting and etc	
3. Implement cybersecurity monitoring framework	
4. Collect data on cybersecurity related risk, attacks, breaches and incidents, including external data and statistics as appreciate	
5. Investigate security incidents by gathering evidence and reviewing system logs / audit trails	
6. Provide operational support to systems and network teams regarding security related matters	
<input type="checkbox"/> Technical Tasks:	
1. Monitor network traffic through implemented security tools to proactively identify indicators of compromise (e.g. Host based IDS/IPS, network based IDS/IPS, firewall logs, application logs)	
2. Perform maintenance and operation support for security devices such as firewall, IPS/IDS, VPN, anti-virus and encryption services	
3. Participate in developing, tuning and implementing threat detection analytics	
<input type="checkbox"/> Role 2 – IT Risk Management and Control	
1. Assist management in developing processes and controls to manage IT risks and control issues	
2. Assist in communicating the risk management standards, policies and procedures to stakeholders	
3. Apply processes to ensure that IT operational and control risks are at an acceptable level within the risk thresholds of the bank, by evaluating the adequacy of risk management controls	
4. Analyse and report to management, and investigate into any non-compliance of risk management policies and protocols	



Key Roles/Responsibilities	Please “✓” where appropriate
<input type="checkbox"/> Role 3 – IT Audit	
1. Assist in the execution of audits in compliance with audit standards	
2. Assist in the fieldwork and conducting tests	
3. Assist in evaluating data collected from tests	
4. Document the audit, test and assessment process and results	
5. Ensure appropriate audit follow-up actions are carried out promptly	

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 Bank.


Signature & Company Chop

Name: _____

Department: _____

Position: _____

Date

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**Authorisation for Disclosure of Personal Information to a Third Party**

I, _____, *(name of applicant)* hereby authorise

The Hong Kong Institute of Bankers (HKIB) to disclose my results and/or progress of the
“Grandfathering/Examination/Certification/Exemption application for ECF-Cybersecurity” to any
Third Party, including but not limited to my current employer and future employer(s), upon requested.

The HKIB shall try its best endeavors to ensure that the Disclosure of the Personal Information is
proper and harmless to the applicant.

Signature

HKIB Membership No./HKID No.*

Date

Contact Phone No.

**The HKIB Membership No./HKID No. is needed to verify your identity. We may also need to contact you concerning the authorisation.*

Important Notes:

1. Personal information includes but is not limited to examination/certification/exemption application of a module/designation and award(s) achieved.
2. This authorisation form must be signed and submitted to the HKIB.
3. Applicant may rescind or amend consent in writing to the HKIB at any time, except where action has been taken in reliance on this authorisation.