

Received on:

Acknowledged on:

Application no:

**Certification Application Form
for ECF on Anti-Money Laundering and Counter-Financing of Terrorism
(ECF-AML/CFT) (Core Level)**

Important Notes:

1. The application is applicable for **Relevant Practitioner (RP)** engaged by an Authorized Institution (AI) under the Hong Kong Monetary Authority (HKMA) / any statutory body supervised by the Monetary Authority of Macao (AMCM) at the time of application.
2. Read carefully the "Guidelines of Certification Application for ECF on Anti-Money Laundering and Counter-Financing of Terrorism" (AML-G-022) **BEFORE** completing this application form.
3. Only **completed application form** with all valid supporting documents, including the HR Verification Annexes, 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: Indication of Certification Applied

Indicate the certification applied by putting a "✓" in the appropriate box.

AAMLP Certification Application

Hong Kong
 Macao

Eligibility : Option I:

- Completed the Advanced Certificate for ECF-AML/CFT training programme and passed the corresponding examination is eligible to apply for the certification as AAMLP which is issued by HKIB and recognized by HKMA; and
- Employed by an AI under the HKMA / any statutory body supervised by the AMCM at the time of application.

Option II:

- Possessing ECF Affiliate of AAMLP ; and
- Employed by an AI under the HKMA / any statutory body supervised by the AMCM at the time of application.

Option III:

- 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
- Completed the bridging training programme and passed the examination offered by the HKIB in collaboration with HKU SPACE; and
- Employed by an AI under the HKMA / any statutory body supervised by the AMCM 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 AAMPLP (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 “AAMPLP 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"/>
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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):

Signature of Cardholder (as on credit card):

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@hkib.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 Anti-Money Laundering and Counter-Financing of Terrorism” (AML-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 form(s) of **HR Verification Annex (Core Level)** fulfilling the requirements as stipulated for certification application
- Copy of your HKID/Passport
- Copies of your certificate(s) and official result of your bridging training programme
- Payment or evidence of payment enclosed (e.g. Cheque or completed Credit Card Payment Instructions)

Signature of Applicant**(Name:** _____)

Date

**Certification Application Form
for ECF on Anti-Money Laundering and Counter-Financing of Terrorism
(ECF-AML/CFT) (Core Level)**

HR Department Verification Form on Employment Information for AML/CFT Practitioner

Important Notes:

1. A completed Certification Application Form for ECF on Anti-Money Laundering and Counter-Financing of Terrorism (Core Level) should contain p.1-6 plus this **HR Verification Annex (Core Level)** form(s) (p.AC1-AC2).
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:	
Position/Functional Title:	
Name of Current Employer:	
Business Division/Department:	
Employment Period of Current Position /Functional Title: (DD/MM/YYYY)	From: To:
Total Time Spent in the Stated AML/CFT Compliance Position/Functional Title:	____ Year(s) _____ Month(s)
Work Location	<input type="checkbox"/> Hong Kong <input type="checkbox"/> Macao <input type="checkbox"/> Others, please specify: _____

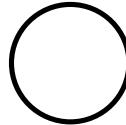


Please declare the “Key Roles/Responsibilities” in relation to your position/functional title stated on **p.AC1 of this HR Verification Annex (Core Level)** form by ticking the appropriate box(es).

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 Bank.



Signature & Company Chop

Date

Name: _____

Department: _____

Position: _____

**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-AML (Core Level)" 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 grandfathering/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.