

Received on:

Acknowledged on:

Application no:

Certification Application Form for Certified Banker (CB)

Important Notes:

This form is used to declare your work experience for the certification application of:

“Certified Banker (Stage I)”, “Certified Banker Stage II”, “Certified Banker” or “Certified Banker Macao (Stage I)”.

1. To be qualified, you are required to meet the following requirements:
 - a. fulfil the designation qualification requirement; and
 - b. meet the required banking or finance related work experience
(Maximum 1 year accumulated FULL- TIME internship in banking or finance related experience will also be considered).
2. To maintain this professional qualification status in the coming years, you are required to:
 - a. maintain your HKIB professional membership; and
 - b. fulfil the HKIB Continuing Professional Development (CPD) requirements

Section A: Personal Particulars ¹

Title: ☐ Mr ☐ Ms ☐ Dr ☐ Prof		HKIB Member: ☐ Yes _____ ☐ 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 :		Mobile Phone Number:	
(Secondary) Email Address:			
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 documents.

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.

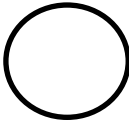
Type of Professional Qualification	Eligibility
☐ Certified Banker (Stage I) ☐ Hong Kong ☐ Macao	☐ Obtained Advanced Diploma for Certified Banker; or ☐ Possessing CB Affiliate of CB (Stage I); and • Possessing at least 1 year of relevant work experience in banking or finance*.
☐ Certified Banker (Stage II)	☐ Obtained Professional Diploma for Certified Banker; or ☐ Possessing CB Affiliate of CB (Stage II); and • Possessing at least 2 years of relevant work experience in banking or finance*.
☐ Certified Banker (CB)	☐ Obtained Postgraduate Diploma in Credit/ Treasury/ Operations/ GBA and Cross-boundary Banking/ Fintech Management for Certified Banker; ☐ Possessing CB Affiliate of CB Stage; and • Possessing at least 3 years of relevant work experience in banking or finance*.

(* Maximum 1 year accumulated FULL- TIME internship in banking or finance related experience will also be considered.)

Section C: Work Experience

To provide proof of your work experience, you may have your current employment certified by your employer, and/or provide supporting document(s) for your previous employment or full-time internship programme. Please indicate your selection by putting a "✓" in the appropriate box.

Part 1: Current Employment (to be completed by the employer)

This is to certify that Mr/Ms/Dr/Prof _____	
(ID No.: _____)	has been in our employment from _____ to _____ (DD/MM/YYYY) (DD/MM/YYYY)
His/Her current Position/Functional Title is: _____	
under Division/Department of: _____	
of (Name of Current employer): _____	
	
Authorised Signature & Company Chop Name: _____ Division/Department: _____ Position/Functional Title: _____	Date _____

Section C: Work Experience (Continued)

Please indicate your selection by putting a "✓" in the appropriate box.

Part 2: Previous Work Experience (if applicable)

- ☐ I confirm that my previous work experience, as stated below, was banking or finance related, and I have provided **certified true copies of** the supporting document(s) (e.g. reference letters).

Name of Previous Employer (1):	
Position/Functional Title:	Division/Department:
From (DD/MM/YYYY):	To (DD/MM/YYYY):

Name of Previous Employer (2):	
Position/Functional Title:	Division/Department:
From (DD/MM/YYYY):	To (DD/MM/YYYY):

Part 3: Full-time Internship Work Experience (if applicable)

- ☐ I would like to submit my full-time internship experience, as stated below, as work experience. I have provided **certified true copies of** the supporting documents, including reference letters and details of the internship programme.
- ☐ I confirm that my full-time internship experience was banking or finance related, with 1 year of accumulated internship experience.

Name of Previous Employer:	
Position/Functional Title:	Division/Department:
From (DD/MM/YYYY):	To (DD/MM/YYYY):

The applicant should submit all relevant supporting documents for their previous work experience (e.g. reference letters) together with this form. Only certified true copies of the documents are accepted.

Section D: Declaration Relating 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?	☐ 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

Section E: Payment

Payment Amount						
Please indicate the fee by putting a "✓" in the appropriate box. 1st Year Certification Fee for CBI/CBII/CB or CBI (Macao) <i>(Membership valid until 31 December 2027 ¹)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">☐ Not a HKIB member</td> <td style="width: 40%; text-align: right;">HKD2,300 ²</td> </tr> <tr> <td>☐ <u>Current and valid</u> HKIB Ordinary Member</td> <td style="text-align: right;">HKD2,300 ²</td> </tr> <tr> <td>☐ <u>Current and valid</u> HKIB Professional Member</td> <td style="text-align: right;">Waived</td> </tr> </table> 1. Current Professional Member excluded. Professional Member will be required to renew the membership for 2027. 2. The 1st Year Certification Fee includes a complimentary CPD course (up to 3 hours) to support your professional growth and career progression. For more details about the CPD course, please contact our Customer Experience Team.	☐ Not a HKIB member	HKD2,300 ²	☐ <u>Current and valid</u> HKIB Ordinary Member	HKD2,300 ²	☐ <u>Current and valid</u> HKIB Professional Member	Waived
☐ Not a HKIB member	HKD2,300 ²					
☐ <u>Current and valid</u> HKIB Ordinary Member	HKD2,300 ²					
☐ <u>Current and valid</u> HKIB Professional Member	Waived					
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 “CB Certification” under “remarks” and email 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): _____ Signature of Cardholder (as on credit card): _____						

Section F: 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 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 the [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

Use of Personal Data in Direct Marketing

I do not wish HKIB to use my personal data in direct marketing relating to HKIB's training programmes, examinations, professional qualifications, membership services, events, publications and professional development opportunities through the following channel(s) (please "✓" to select):

☐ Weekly E-News ☐ Email ☐ Telemarketing ☐ WhatsApp

Unless otherwise indicated above, HKIB may continue to use your personal data for direct marketing through the relevant communication channels in accordance with its Privacy Policy Statement.

Digital Credential Verification Preference

HKIB operates a Digital Credential System (DCS) that enables authorised employers and other authorised verification parties to verify professional qualifications and certifications awarded by HKIB. Unless you opt out below, HKIB will make the following credential information available through the DCS for credential verification purposes:

- Qualification achieved
- Certification status
- Award date
- Certification validity status

The purpose of this disclosure is to facilitate professional credential verification.

Please note that if you opt out, authorised verification parties may not be able to verify your HKIB credentials through the DCS. You may change your preference at any time through MyHKIB.

☐ I do not wish HKIB to disclose or verify my credential information through the DCS.

FOR INSTITUTE USE ONLY		
Received by: _____	(Staff Name) _____	(Date) _____
Assessed by: _____	(Staff Name) _____	(Date) _____
☐ Approved / ☐ Rejected by: _____	(Staff Name) _____	(Date) _____
Remarks: _____		

Section G: 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 HKIB to obtain from the relevant authorities any information about my qualifications and/or employment as required for my application.
- I acknowledge that HKIB has the right to withdraw approval of the certification if I do not meet the requirements. I understand and agree that HKIB may investigate the statements I have made with respect to this application, and that I may be subject to disciplinary action for any misrepresentation (whether fraudulent or 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 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 HKIB. Failure to submit the required documents may cause delays or termination of the application. Please “✓” the appropriate box(es).

- ☐ All necessary fields on this application form filled in, including your signature
- ☐ Copy of your HKID/Passport
- ☐ Copies of all relevant supporting documents for previous and/or full-time internship work experience
- ☐ Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

Signature of Applicant

(Name:

)

Date

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
“Examination/Certification/Exemption application for Certified Banker (CB)” to any third party,
including but not limited to my current employer and future employer(s), upon request. HKIB shall
try its best endeavours 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.

**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 applications for a module/designation and award(s) achieved.
2. This authorisation form must be signed and submitted to HKIB.
3. Applicants may rescind or amend their consent in writing to HKIB at any time, except where action has been taken in reliance on this authorisation.