

Individual Membership Reinstatement Form 2024

*All fields **MUST BE FILLED IN** for processing the application

| SECTION A: PERSONAL DETAILS | | | | | | |
|--|---|--|-------------------|--|--|--|
| Membership No.: | | | | | | |
| Member Class: | Professional Member (Qualifications | |) □ (| Ordinary Member | | |
| Title: Prof Dr Mr Mrs Ms | | | | | | |
| Name in English (as shown on identity document): | | | | Name in Chinese (as | shown on identity document): | |
| (Surname) | (Given Name) | | | | | |
| | | | | | | |
| HKID / Passport No.: | HKID / Passport No.: Da | | | te of Birth (dd/mm/yyyy): / / | | |
| Mobile No. (Hong Kong / Macao / China): | | | | | | |
| Office Tel No. (Hong Kong / Macao / China): | | | | | | |
| Correspondence Address \Box Residential \Box Office(Please put a " \checkmark " in the appropriate box) \Box Residential \Box Office | | | | | | |
| Address: | | | | | | |
| Primary / Work Email: | | | Secondary Email: | | | |
| | | | | | | |
| SECTION B: EMPLOYMENT DETAILS Name of Current Employer: | | | | | | |
| Department: | | | Job Title: | | | |
| | | | • • • | | | |
| Other employment information (Please put a " \checkmark " in the appropriate box) | | | | | | |
| Industry | Accounting / Audit Banking Government / Regulator Insurance Securities and other financial institutions | | | Commercial / Industrial Legal Practice Others: | □ Education | |
| Position | CEO / Director Senior Managemen Officer Clerical | | | □ Middle Management □ Others: | | |
| Job Functions (banking industry only) | Front Office – Retail Banking Front Office – Investment Banking Operation / IT | | egal / Compliance | / Audit | Front Office – Private Banking Finance / HR / Training Others: | |

SECTION C: RELEVANT PRACTITIONERS DECLARATION (For ECF Certification Holders ONLY)*

According to Hong Kong Monetary Authority's (HKMA's) guidelines and circular on Enhanced Competency Framework (ECF), ECF Certification holders should be "Relevant Practitioners" ¹ and engaged by an Authorized Institution (AI)² to perform relevant roles in its Hong Kong Operation.

- □ I declare that I have fulfilled all the requirements as a "Relevant Practitioner"¹ and currently employed by an Authorized Institution (AI)².
- □ I declare that I have not fulfilled all the requirements as a "Relevant Practitioner"¹ and / or not currently employed by an Authorized Institution (AI)².

SECTION D: CPD DECLARATION (For Professional Members ONLY)

 $\hfill \Box$ I declare that <u>I have fulfilled</u> the minimum CPD requirement for 2023.

□ I declare that <u>I have not fulfilled</u> the minimum CPD requirement for 2023 and understand that my professional qualification(s) will be suspended during 2024.

SECTION E: DECLARATION RELATED TO DISCIPLINARY ACTIONS, INVESTIGATIONS FOR NON-COMPLIANCE AND FINANCIAL STATUS

(Please insert \checkmark if your answer is 'yes'.)

- \square Have you ever been reprimanded, censured, disciplined by any professional or regulatory authority?
- □ 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?
- □ 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?
- □ Have you ever been refused or restricted from the right to carry on any profession for which a specific license, registration, or other authorization is required by law?
- $\hfill\square$ Have you ever been adjudged bankrupt, or served with a bankruptcy petition?

SECTION F: MEMBERSHIP FEE 2024 & PAYMENT METHOD (Please put a "\screw" in the appropriate box)

| Membership Fee (Jan - Dec 2024): | | | | | |
|--|--|----------------------|--|--|--|
| Re-registration Fee | ✓ HKD2,000 | | | | |
| FHKIB | □ HKD3,550 | | | | |
| Professional Member | □ HKD1,800 | | | | |
| Ordinary Member | □ HKD1,180 | | | | |
| Senior Member | \Box HKD200 (Members aged 60 or above regardle | ess of Member Class) | | | |
| Total Amount: | (Re-registration Fee + Annual Fee) | | | | |
| Payment Method: | | | | | |
| Credit Card | | | | | |
| □ Visa □ Mastercard | | | | | |
| Card No.: | | | | | |
| Name of Cardholder (as on credit card): | | | | | |
| Expiry Date (MM/YY): | / Signature: | (as on credit card) | | | |
| Cheque (Made payable to "The Hong Kong Institute of Bankers" (cheque no) | | | | | |
| e-Cheque (Please state "Individual Membership Reinstatement 2024" under "Remarks" and email together with the completed reinstatement form to <u>membership@hkib.org</u>) | | | | | |
| □ FPS (轉數快) FPS account number: account@hkib.org (Please state "Membership Number" and "Name" under "Remarks") | | | | | |

NOTES FOR INDIVIDUAL MEMBERSHIP REINSTATEMENT

- 1. Relevant Practitioners refer to new entrants or existing practitioners engaged by an Authorized Institutions (AI) to perform key roles in designated areas related to the professional workstreams under ECF.
- 2. Authorized Institutions (AI) refer to any institutions under Register of The Hong Kong Monetary Authority (HKMA) including virtual banks which are granted licenses by HKMA under the Banking Ordinance.
- 3. All fees paid are non-refundable and non-transferable.
- 4. If you fail to pay the Membership Renewal fee on or before 31 January 2024, your Individual Membership will be suspended and treated as Default Member. If you are a Professional Member, your professional qualification(s) will be suspended and removed from the Registers of Certified Individuals (CI) on our website.
- 5. If you would like to reactivate your Membership, you are required to pay the Membership Fee for the current year plus the Re-registration Fee (HKD 2,000).
- 6. Please return the Individual Membership Reinstatement Form to the Institute:
 - in person;
 - by post; or
 - by email: <u>membership@hkib.org</u>
- 7. The information given and personal data collected will only be used for the purposes of administration and communication by the Institute.

ACKNOWLEDGEMENT AND DECLARATION

- 1. I, the undersigned, declare that the information provided in this form is true and correct and will be used for the purposes of administration and communication by The Hong Kong Institute of Bankers (HKIB).
- 2. I understand that as a member of HKIB, I shall be bound by the prevailing rules and regulations of the Institute.
- 3. I have read the "Notes for Individual Membership Reinstatement" before completing this form.

Signature:

Date:

CHECKLIST

Before submitting the form, please ensure that:

- ✓ You have completed this Individual Membership Reinstatement Form.
- ✓ You have signed and dated the Acknowledgement and Declaration.
- ✓ You have enclosed a cheque or provided payment details in Section F.

Hong Kong Head Office:

Address: 3/F., Guangdong Investment Tower, 148 Connaught Road Central, Hong Kong Telephone no.: (852) 2153 7800 Fax no.: (852) 2544 9946 Email: cs@hkib.org

Telephone no.: (852) 2153 7800 Beijing Representative Office:

 Address: 11/F, Tower 5, Countyard 1, Yuetan South Street, Xicheng District, Beijing, China (Postcode: 100045)

 Telephone no.: (86) 10-6657 5550
 Fax no.: (86) 10-6657 4966
 Email: hkib.cn@hkib.org

Website: http://www.hkib.org