Certification Application Form
for Associate Operational Risk Management Professional (AORP)

Important notes:

1. The application is only for the **Relevant Practitioner** engaged by an Authorized Institutions (AIs) at the time of application **ONLY**.

2. Read carefully the "Guidelines of Certification Application for ECF-ORM" (ORM-G-022) **BEFORE** completing this application form.

3. Only **completed application form** with all valid supporting documents, including the HR verification forms, will be processed.

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]: (Secondary) Email Address:	Mobile Phone Number:
Correspondence Address:	

Employment information

Name of Current Employer:	Office Telephone Number:
Position/ Job Title:	Department:
Office Address [4]:	

Academic and Professional Qualification

Highest Academic Qualification Obtained:	University/ Tertiary Institution:	Date of Award:
Other Professional Qualifications:	Professional Bodies:	

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: Application Types

AORP Certification Application
Eligibility: • Successfully completed the training modules and pass the examination or with relevant approved exemption for the Core Level (Modules 1 to 3 of ECF on Operational Risk Management); and • Employed by an AI at the time of application.

Section C: Relevant Employment History

List all the relevant employment history in the operational risk management or related function in **reverse chronological order**. Work experience does not need to be continuous. Each position listed requires a **separate HR Verification Annex (AORP)** form (p.AC1-AC2) for Core Level.

Job Number	Employer	Position	Employment Period for the position (DD/ MM/ YYYY)
Current			From To
Job 2			From To
Job 3			From To
Job 4			From To

Total relevant work experience: _____ year(s) _____ month(s)

Total number of **HR Verification Annex (AORP)** form submitted: _____

Section D: 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?	☐ 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

1st Year Certification Fee for AORP *(valid until 31 December 2024)*

☐　　Not currently a HKIB member　　　　　　　　　　　　　　　HKD1,800

☐　　<u>Current and valid</u> HKIB Ordinary member　　　　　　　　　HKD620

☐　　<u>Current and valid</u> HKIB Professional member　　　　　　　Waived

Total amount: HKD _____

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 "AORP Certification" under "remarks" and email together with the completed application form to cert.gf@hkib.org .

☐　　Credit card

　　☐　　Visa

　　☐　　Master

Card no:　　☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Expiry date (MM/YY):　　☐☐ / ☐☐

Name of Cardholder (as on credit card): _____

Signature (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 of which 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 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 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: _____

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.

- 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 grandfathering and/or certification status 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 Institute 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-ORM" (ORM-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 (AORP)** fulfilling the requirements as stipulated for certification application
- ☐ Certified true copies of your HKID/ Passport [5]
- ☐ Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

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5. Submitted copies of documents to the HKIB must be certified as true copies of the originals by:
- The HKIB staff; or
- HR/authorised staff of current employer (Authorized Institution); or
- A recognized certified public accountant/lawyer/notary public; or
- Associateship/Fellowship of Chartered Governance Hong Kong.

The certifier must sign and date the copy document (printing his/her name clearly in capital letters underneath) and clearly indicate his/her position on it. The certifier must state that it is a true copy of the original (or words to similar effect).

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

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Certification Application Form
for Associate Operational Risk Management Professional (AORP)

HR Department Verification Form on Employment Information for ORM Practitioner

Important notes:
1. A completed <u>Certification Application Form for AORP</u> should contain p.1-6 plus this **HR Verification Annex (AORP)** form(s) (p.AC1-AC2).
2. Fill in **ONE** set of HR Verification Annex form for **EACH** relevant position/functional title in your application. You can make extra copies of this blank form for use.
3. All information filled in including company chop must be true and original.
4. Use BLOCK LETTERS to complete this form.

Employment Information	
Name of the applicant:	
HKID/Passport number:	
Job number (as stated in Section C of p.2):	Current/Job no:
Position/Functional title:	
Name of employer:	
Business division/department:	
Employment period of the <u>stated</u> position /functional title: *(DD/MM/YYYY)*	From: To:
Key roles/responsibilities in relation to the <u>stated</u> position/functional title: *(Tick the appropriate box(es); Application will be processed based on the role(s) ticked)*	☐ Role 1 – Operational Risk Management *(fill in p.AC2)* ☐ Role 2 – Business Function Risk and Control *(fill in p.AC2)*
Total number of years and months of carrying "Role 1" or "Role 2" function in the <u>stated</u> position	_____years _____months

AC1

Applicant please self-declares by ticking the appropriate "Key Roles/Responsibilities" in relation to your position/functional title stated on **p.AC1 of this HR Verification Annex (AORP)** form.

Key Roles/ Responsibilities	Please "✓" where appropriate
☐ **Role 1 – Operational Risk Management** **OR** ☐ **Role 2 – Business Function Risk and Control**	
1. Assist in conducting operational risk monitoring duties (e.g. monitoring operational risk indicators), reviewing and updating operational risk policies, guidelines and procedures, and handling of operational risk events	
2. Assist in conducting operational risk control self-assessments (i.e. bottom up process to identify and evaluate risks and associated controls)	
3. Design and test controls on operational risks, with oversight and input from line managers	
4. Assist in performing operational risk assessments (i.e. top down assessment of the inherent risk and any controls that may exist)	
5. Assist in developing and implementing operational risk mitigation plans and in the roll-out of strategic level governance	
6. Assist in identifying compliance and internal control issues, and monitor the ongoing progress of remedial actions	
7. Assist in preparing operational risk reports, dashboards and metrics	
8. Assist in Assist in promoting positive risk culture and risk awareness across the AI/ within business units	
9. Assist in preparing training materials and organising training on operational risk for staff	

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 applicant's employer (where the organisation has a record of this information).
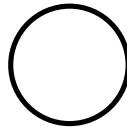
Signature & Company Chop   **Date**

Name: _____

Department: _____

Position: _____

AC2

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 progress of the

"Grandfathering/Examination/Certification/Exemption results for ECF-ORM (Core Level)" to

_____ *(applicant's bank name)* for HR and Internal Record.

_____	_____
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 results of a module/designation and award(s) achieved.
2. Original copy of this signed authorisation form must be submitted to the HKIB.   Electronic or photocopied signatures are not acceptable.
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.

AF1