

Received on:

Acknowledged on:

Application no:

Certification Application Form for Certified Operational Risk Management Professional (CORP)

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: <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 <i>(Membership No.)</i> | |
| Name in English ² : <i>(Surname) (Given Name)</i> | Name in Chinese ² : | |
| HKID/ Passport Number: | Date of Birth: <i>(DD/ MM/ YYYY)</i> | |
| 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 Qualifications | | |
| 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

| |
|---|
| <p>CORP Certification Application</p> |
| <p>Eligibility:</p> <ul style="list-style-type: none"> • Successfully completed the professional level training module (Module 4) of ECF on Operational Risk Management and obtained a pass in the relevant examination of the module on top of the Core Level qualification; and • Possessing at least 5 years' relevant work experience in operational risk management, business function risk and control, and/or internal audit (related to operational risk management and controls within an AI); 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 for Core Level / **(CORP)** form for Professional 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 |
| Job 5 | | | From To |
| Job 6 | | | From To |

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

Total number of **HR Verification Annex (AORP)** / **(CORP)** 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? | <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 E: Payment

| Payment amount | | | | | | | |
|--|----------|--|----------|--|--------|--|--------|
| <p>1st Year Certification Fee for CORP (<i>valid until 31 December 2024</i>)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input type="checkbox"/> Not currently a HKIB member</td> <td style="text-align: right;">HKD1,800</td> </tr> <tr> <td><input type="checkbox"/> <u>Current and valid</u> HKIB Ordinary member</td> <td style="text-align: right;">HKD620</td> </tr> <tr> <td><input type="checkbox"/> <u>Current and valid</u> HKIB Professional member</td> <td style="text-align: right;">Waived</td> </tr> </table> <p style="text-align: right;">Total amount: HKD _____</p> | | <input type="checkbox"/> Not currently a HKIB member | HKD1,800 | <input type="checkbox"/> <u>Current and valid</u> HKIB Ordinary member | HKD620 | <input type="checkbox"/> <u>Current and valid</u> HKIB Professional member | Waived |
| <input type="checkbox"/> Not currently a HKIB member | HKD1,800 | | | | | | |
| <input type="checkbox"/> <u>Current and valid</u> HKIB Ordinary member | HKD620 | | | | | | |
| <input type="checkbox"/> <u>Current and valid</u> HKIB Professional member | Waived | | | | | | |
| Payment method | | | | | | | |
| <p><input type="checkbox"/> Paid by Employer</p> <p style="margin-left: 20px;"><input type="checkbox"/> Company cheque (cheque no: _____)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Company invoice (_____)</p> <p><input type="checkbox"/> A cheque/ e-Cheque made payable to “The Hong Kong Institute of Bankers” (cheque no. _____). For e-Cheque, please state “CORP Certification” under ‘remarks’ and email together with the completed application form to cert.gf@hkib.org.</p> <p><input type="checkbox"/> Credit card</p> <p style="margin-left: 20px;"><input type="checkbox"/> Visa</p> <p style="margin-left: 20px;"><input type="checkbox"/> Master</p> <p>Card no: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>Expiry date (MM/YY): <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>Name of Cardholder (as on credit card): _____</p> <p>Signature (as on credit card): _____</p> | | | | | | | |

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.

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](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 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 (CORP)** 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)

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

(Name: _____)

Date

**Certification Application Form
for Certified Operational Risk Management Professional (CORP)**

HR Department Verification Form (Professional Level) on Employment Information for ORM Practitioner

Important notes:

1. A completed Certification Application Form for CORP should contain p.1-6 plus this **HR Verification Annex (CORP)** form(s) (p.AP1-AP4).
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: <i>(DD/MM/YYYY)</i> | From: To: |
| Key roles/responsibilities in relation to the <u>stated</u> 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 – Operational Risk Management <i>(fill in p.AP2-3)</i> <input type="checkbox"/> Role 2 – Business Function Risk and Control <i>(fill in p.AP3-4)</i> |
| Total number of years and months of carrying “Role 1” or “Role 2” function in the <u>stated</u> position | _____years _____months |

Applicant please self-declares by ticking the appropriate “Key Roles/Responsibilities” in relation to your position/functional title stated on **p.AP1 of this HR Verification Annex (CORP)** form.

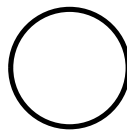
| Key Roles/ Responsibilities | Please “✓” where appropriate |
|---|------------------------------------|
| <input type="checkbox"/> Role 1 – Operational Risk Management | |
| 1. Manage operational risks and formulate, review and update operational risk policies, guidelines, processes and procedures throughout the AI | |
| 2. Develop and review comprehensive policies and procedures for crisis management, including but not limited to factors triggering a crisis, escalation mechanisms, involvement of relevant functions, and external and internal approaches to handling the crisis | |
| 3. Initiate, manage and execute risk governance, internal controls and processes with the overall objective of operational risk management, control awareness and enhancement to operational efficiency. Ensure full compliance with policies and regulatory requirements | |
| 4. Maintain oversight and monitoring of the operational risk management system and the quality of the generated operational loss data | |
| 5. Conduct operational risk control self-assessments (i.e. bottom up process to identify and evaluate risks and associated controls), or analyse and challenge the self-assessment results if the self-assessments are conducted by Role 2 (whichever is applicable) | |
| 6. Conduct operational risk assessments to identify, assess, review, monitor and mitigate operational risks (i.e. top down assessment of the inherent risk and any controls that may exist in all existing or new material products, processes and systems) based on the AI’s own defined operational risk strategy and risk appetite | |
| 7. Perform both qualitative and quantitative monitoring and reporting of the AI’s exposure to all types of operational risk, including trend analysis of risk profiles and review of the limits of operational risk regulatory and economic capital | |
| 8. Identify compliance and internal control issues | |
| 9. Execute operational risk monitoring duties and escalate incidents and operational risk events to senior management | |
| 10. Report to senior management the proposed remedial actions of operational risk assessments and monitor the ongoing progress of remedial actions | |
| 11. Report and escalate operational risk events/ incidents in a timely manner and monitor issue resolution to ensure timely responses are provided | |
| 12. Compile operational risk reports, dashboards and metrics for management reporting | |
| 13. Undertake scenario analysis/ assessment to identify potential operational losses and monitor operational risk profiles and material exposures to losses on an on-going basis | |
| 14. Develop and evaluate effectiveness of business continuity and disaster recovery strategy | |

| Key Roles/ Responsibilities | Please “√” where appropriate |
|---|------------------------------------|
| 15. Provide practical recommendations on the remedial actions to be taken to address operational risk events, assess the quality and appropriateness of remedial actions identified and seek to improve the overall operational risk management process for the AI | |
| 16. Manage completion of follow-up actions (e.g. further investigation) relating to operational risk events identified during the operational risk assessment process | |
| 17. Conduct operational due diligence to ensure that operational risk management has been appropriately considered and implemented for new products and services, including thematic reviews of operational risk management | |
| 18. Advise business units on operational risk management issues | |
| 19. Undertake consistent liaison and collaboration with: <ul style="list-style-type: none"> • Internal departments such as legal, human resources, information technology and finance on operational risk related topics • Operational risk management subject matter experts (e.g. IT, Conduct, Fraud, Outsourcing, Data Privacy) • Internal audit and external audit | |
| 20. Promote positive risk culture and risk awareness across the AI | |
| 21. Conduct training sessions on operational risk for staff, including content review and training delivery | |
| <input type="checkbox"/> Role 2 – Business Function Risk and Control | |
| 1. Conduct operational risk control self-assessments within business functions (i.e. bottom up process to identify and evaluate risks and associated controls), where applicable | |
| 2. Conduct operational risk assessments to identify, assess, review, monitor and mitigate operational risks within the business function (i.e. top down assessment of the inherent risk and any controls that may exist) | |
| 3. Implement operational risk management and control strategies within the business function as set out by the AI’s global risk and compliance functions. Ensure full compliance with policies and regulatory requirements | |
| 4. Analyse business impact of different kinds of disasters or crisis | |
| 5. Implement and maintain operational risk tools, dashboards and metrics to identify, analyse and mitigate operational risk within the business function | |
| 6. Develop operational risk control measures | |
| 7. Assist management in maintaining oversight on key operational risks, controls and enhancement initiatives and ensure effective and efficient internal controls and practices are in place | |
| 8. Facilitate the testing of relevant controls as a part of the annual test plan and business continuity plan when required | |
| 9. Identify compliance and internal control issues within business functions | |
| 10. Conduct operational risk monitoring duties and escalate incidents and risk events to | |

| | |
|---|------------------------------------|
| operational risk management unit and senior management | |
| Key Roles/ Responsibilities | Please “√” where appropriate |
| 11. Report to senior management and operational risk management unit the progress of remedial actions of operational risk assessments | |
| 12. Report and escalate operational risk events/ incidents within business functions in a timely manner and monitor issue resolution to ensure timely responses are provided | |
| 13. Manage and provide oversight of completion of follow-up and remedial actions (e.g. further investigation) relating to operational risk events identified during the operational risk assessment process | |
| 14. Assist management in maintaining oversight on key operational risks, controls and enhancement initiatives and ensure effective and efficient internal controls and practices are in place | |
| 15. Liaise and coordinate with other control functions on standards and regulatory interpretation, and operational risk and control activities | |
| 16. Monitor completion of follow-up and remedial actions relating to operational risk incidents and events | |
| 17. Monitor and review the limits of operational risk regulatory and economic capital | |
| 18. Promote positive risk culture and risk awareness in different business units | |
| 19. Play an active role in training sessions on operational risk for staff, including content review and training delivery | |

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: _____

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 (Professional 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.