

Received on:

Acknowledged on:

Application no:

Certification Application Form for Associate Retail Wealth Professional (ARWP)

Important notes:

1. The application is for **Relevant Practitioner** engaged by an Authorized Institution (AI) under the Hong Kong Monetary Authority (HKMA) / a bank in Macao supervised by the Monetary Authority of Macao (AMCM) at the time of application **ONLY**.
2. Read carefully the "Guidelines of Certification Application for ARWP/CRWP" (RWM-G-008) **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 Particulars¹

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 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

Indicate the type of application by putting a "✓" in the appropriate box.

<p>ARWP Certification Application</p> <p><input type="checkbox"/> Hong Kong</p> <p><input type="checkbox"/> Macao</p>
<p>Eligibility:</p> <ul style="list-style-type: none"> Completed the training modules and passed the examination or with relevant approved exemption for the Core Level (Modules 1 to 4 of ECF on Retail Wealth Management); and Employed by an AI under the HKMA / a bank in Macao 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	
1st Year Certification Fee for ARWP (<i>valid until 31 December 2024</i>)	
<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
Total amount: HKD _____	
Payment method	
<input type="checkbox"/> Paid by Employer <ul style="list-style-type: none"> <input type="checkbox"/> Company cheque (cheque no: _____) <input type="checkbox"/> Company invoice (_____) 	
<input type="checkbox"/> A cheque/ e-Cheque made payable to “The Hong Kong Institute of Bankers” (cheque no. _____). For e-Cheque, please state “ARWP Certification” under “remarks” and email together with the completed application form to cert.gf@hkib.org .	
<input type="checkbox"/> Credit card <ul style="list-style-type: none"> <input type="checkbox"/> Visa <input type="checkbox"/> Master 	
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"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry date (MM/YY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Name of Cardholder (as on credit card):	_____
Signature (as on credit card):	_____

Section E: 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)
_____	_____	_____
<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 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 ARWP/CRWP” (RWM-G-008).

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 fulfilling the requirements as stipulated for certification application
- Copy of your examination result and approved exemption letter
- Copy of your HKID/ Passport
- Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

Signature of Applicant

(Name: _____)

Date

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Certification Application Form
for Associate Retail Wealth Professional (ARWP)
HR Department Verification Form on Employment Information for RWM Practitioner

- Important notes:**
1. A completed Certification Application Form for ARWP should contain p.1-5 plus this **HR Verification Annex (ARWP)** form(s) (p.AC1-AC2).
 2. Fill in **ONE set of HR Verification Annex form for CURRENT 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.

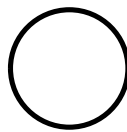
Employment Information	
Name of the applicant:	
HKID/passport number:	
Position/Functional title:	
Name of employer:	
Business division/department:	
Employment period of <u>Current</u> position/functional title: (DD/ MM/ YYYY)	From: To:
Number of Years and Months in <u>Current</u> position of RWM	_____ Years _____ Months

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

Key Roles/Responsibilities	Please “√” where appropriate
1. Promote insurance and financial products to customers and explain product features to retail customers	
2. Assist Relationship Managers in providing professional investment, insurance or wealth planning services to retail customers	
3. Handle customer enquiries in relation to insurance, investment and wealth management services	
4. Dealing in and advising on securities	

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-RWM (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.