

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 completion requirements of the designated qualification; 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<sup>1</sup>

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 <sup>2</sup> :  <i>(Surname)                      (Given Name)</i>	Name in Chinese <sup>2</sup> :	
HKID/ Passport Number:	Date of Birth: <i>(DD/MM/YYYY)</i>	
<b>Contact information</b>		
(Primary) Email Address <sup>3</sup> :  (Secondary) Email Address:	Mobile Phone Number:	
Correspondence Address:		
<b>Employment information</b>		
Name of Current Employer:	Office Telephone Number:	
Position/ Job Title:	Department:	
Office Address <sup>4</sup> :		
<b>Academic and Professional Qualification</b>		
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: Indication of Application Type**

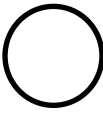
Indicate the type of application by putting a "✓" in the appropriate box.

Type of Professional Qualification	Eligibility
<input type="checkbox"/> <b>Certified Banker (Stage I)</b> <input type="checkbox"/> <b>Hong Kong</b> <input type="checkbox"/> <b>Macao</b>	<ul style="list-style-type: none"> <li>• Obtained Advanced Diploma for Certified Banker; and</li> <li>• Possessing at least 1 year of relevant work experience in banking or finance*.</li> </ul>
<input type="checkbox"/> <b>Certified Banker (Stage II)</b>	<ul style="list-style-type: none"> <li>• Obtained Professional Diploma for Certified Banker; and</li> <li>• Possessing at least 2 years of relevant work experience in banking or finance*.</li> </ul>
<input type="checkbox"/> <b>Certified Banker (CB)</b>	<ul style="list-style-type: none"> <li>• Obtained Postgraduate Diploma in Credit/Treasury/Operations Management for Certified Banker; and</li> <li>• Possessing at least 3 years of relevant work experience in banking or finance*.</li> </ul>

(\* 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 be certified by your employer, and/or provide supporting document(s) of your previous employment or full-time internship programme. (Please indicate by putting a "✓" in the appropriate box).

<b>Part 1: <u>Current Employment (to be completed by the employer)</u></b>	
This is to certify that Mr/Ms/Dr/Prof _____	
(ID No.: _____ )	has been in our employment from _____ to _____ <small>(DD/MM/YYYY) (DD/MM/YYYY)</small>
His/Her current Position/Functional Title is: _____	
under Division/Department of: _____	
of (Name of Current employer): _____	
	
<b>Authorized Signature &amp; Company Chop</b>	<b>Date</b>
Name: _____	_____
Division/Department: _____	_____
Position/Functional Title: _____	_____

### Section C: Work Experience *(Continued)*

*(Please indicate by putting a "✓" in the appropriate box).*

**Part 2: Previous Work Experience *(if applicable)***

I confirm my previous work experience as stated below was banking or finance related and I have provided **the certified true copies of** 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 **the certified true copies of** supporting documents, including reference letters and details of the internship programme.

I confirm 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 his/her previous work experience (i.e. reference letters, etc.) together with this form. Only certified true copies of the documents are accepted.

## 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 authorization 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	
1st Year Certification Fee for CBI/CBII/CB or CBI (Macao) <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
<input type="checkbox"/> HKIB Default member	HKD3,800*
<b>Total amount: HKD _____</b>	
<i>*HKD2,000 reinstatement fee + HKD1,800 certification fee</i>	
Payment method	
<input type="checkbox"/> Paid by Employer <ul style="list-style-type: none"> <li><input type="checkbox"/> Company cheque (cheque no: _____)</li> <li><input type="checkbox"/> Company invoice (_____)</li> </ul>	
<input type="checkbox"/> A cheque/ e-Cheque made payable to <b>“The Hong Kong Institute of Bankers”</b> (cheque no. _____). For e-Cheque, please state “CB Certification” under “remarks” and email together with the completed application form to <a href="mailto:cert.gf@hkib.org">cert.gf@hkib.org</a> .	
<input type="checkbox"/> Credit card <ul style="list-style-type: none"> <li><input type="checkbox"/> Visa</li> <li><input type="checkbox"/> Master</li> </ul>	
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 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](mailto: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 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 authorize 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.

### 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
- Copy of your HKID/Passport
- Certified true copies of all relevant supporting documents of Previous &/or Full-time Internship work experience<sup>5</sup>
- 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/authorized staff of current employer (Authorized Institution); or
- A recognized certified public accountant/lawyer/banker/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 letter 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).

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**Signature of Applicant**

(Name: \_\_\_\_\_ )

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**Date**

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## Authorization for Disclosure of Personal Information to a Third Party

I, \_\_\_\_\_, (*name of applicant*) hereby authorize

The Hong Kong Institute of Bankers (HKIB) to disclose my results and progress of the “Examination/

Certification/Exemption results for Certified Banker (CB)” 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 authorization.*

### 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 authorization 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 authorization.