



Received on:

Acknowledged on:

Application no:

Certification Application Form for CB Affiliate and ECF Affiliate

Important Notes:

1. You are required to complete this application form by providing the required information accurately.
2. To maintain this Affiliate Designation status in the coming years, you are required to:
 - a. maintain a valid HKIB membership; and
 - b. fulfil the HKIB Continuing Professional Development (CPD) requirements
3. Default Member should apply for reinstatement and settle the fee before applying for Affiliate Designation(s).
4. Please complete and submit the SIGNED application form together with the required documents via email to cert.gf@hkib.org or by post/in person to The Hong Kong Institute of Bankers (HKIB).
5. The certification processing time will require approximately 1 month.

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 (Membership No.)
Name in English ² : (Surname) <input type="text"/> (Given Name) <input type="text"/>	Name in Chinese ² : <input type="text"/>
HKID/Passport Number: <input type="text"/>	Date of Birth: (DD/MM/YYYY) <input type="text"/>
Contact Information	
(Primary) Email Address ³ : <input type="text"/>	Mobile Phone Number: <input type="text"/>
(Secondary) Email Address: <input type="text"/>	
Correspondence Address: <input type="text"/>	
Employment Information	
Name of Current Employer: <input type="text"/>	Office Telephone Number: <input type="text"/>
Position/Functional Title: <input type="text"/>	Department: <input type="text"/>
Office Address ⁴ : <input type="text"/>	

Notes:

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 Certification Applied**

Indicate the certification(s) applied by putting a "✓" in the appropriate box(es).

Type of Affiliate Designation																																															
<input type="checkbox"/> CB Affiliate <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> CB Stage I <input type="checkbox"/> CB Stage II <input type="checkbox"/> CB Stage </div>																																															
<input type="checkbox"/> ECF Affiliate <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">AML/CFT</td> <td style="width: 25%;"><input type="checkbox"/> AAMLP</td> <td style="width: 25%;"><input type="checkbox"/> CAMLP</td> <td style="width: 25%;"></td> </tr> <tr> <td>Compliance</td> <td><input type="checkbox"/> ACOP</td> <td><input type="checkbox"/> CCOP(GC)</td> <td><input type="checkbox"/> CCOP(IIC)</td> </tr> <tr> <td>CRM</td> <td><input type="checkbox"/> ACRP</td> <td><input type="checkbox"/> CCRP(CL)</td> <td><input type="checkbox"/> CCRP(CPM)</td> </tr> <tr> <td>Cybersecurity</td> <td><input type="checkbox"/> ACsP</td> <td></td> <td></td> </tr> <tr> <td>Fintech</td> <td><input type="checkbox"/> CPFinT(A)</td> <td><input type="checkbox"/> CPFinT(M)</td> <td><input type="checkbox"/> CPFinT(S-AIBD)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> CPFinT(S-DLT)</td> <td><input type="checkbox"/> CPFinT(S-OBAPI)</td> <td><input type="checkbox"/> CPFinT(S-RT)</td> </tr> <tr> <td>GSF</td> <td><input type="checkbox"/> AGFP(PS)</td> <td><input type="checkbox"/> AGFP(ClimRM)</td> <td><input type="checkbox"/> AGFP(SDR)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> CGFP(GSF-P)</td> <td><input type="checkbox"/> CGFP(GSF-I)</td> <td><input type="checkbox"/> CGFP(SRM)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> CGFP(SSCC)</td> <td></td> <td><input type="checkbox"/> CGFP(SDR)</td> </tr> <tr> <td>ORM</td> <td><input type="checkbox"/> AORP</td> <td><input type="checkbox"/> CORP</td> <td></td> </tr> <tr> <td>RWM</td> <td><input type="checkbox"/> ARWP</td> <td><input type="checkbox"/> CRWP</td> <td></td> </tr> </table>				AML/CFT	<input type="checkbox"/> AAMLP	<input type="checkbox"/> CAMLP		Compliance	<input type="checkbox"/> ACOP	<input type="checkbox"/> CCOP(GC)	<input type="checkbox"/> CCOP(IIC)	CRM	<input type="checkbox"/> ACRP	<input type="checkbox"/> CCRP(CL)	<input type="checkbox"/> CCRP(CPM)	Cybersecurity	<input type="checkbox"/> ACsP			Fintech	<input type="checkbox"/> CPFinT(A)	<input type="checkbox"/> CPFinT(M)	<input type="checkbox"/> CPFinT(S-AIBD)		<input type="checkbox"/> CPFinT(S-DLT)	<input type="checkbox"/> CPFinT(S-OBAPI)	<input type="checkbox"/> CPFinT(S-RT)	GSF	<input type="checkbox"/> AGFP(PS)	<input type="checkbox"/> AGFP(ClimRM)	<input type="checkbox"/> AGFP(SDR)		<input type="checkbox"/> CGFP(GSF-P)	<input type="checkbox"/> CGFP(GSF-I)	<input type="checkbox"/> CGFP(SRM)		<input type="checkbox"/> CGFP(SSCC)		<input type="checkbox"/> CGFP(SDR)	ORM	<input type="checkbox"/> AORP	<input type="checkbox"/> CORP		RWM	<input type="checkbox"/> ARWP	<input type="checkbox"/> CRWP	
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Indicate the reason of applying Affiliate Designation(s) by putting "✓" in the appropriate box(es).

Reason ⁵	
<input type="checkbox"/> Non-current Relevant Practitioners in the banking industry (as defined by the HKMA) <ul style="list-style-type: none"> <input type="checkbox"/> Full-time post-secondary students <input type="checkbox"/> Current banking practitioners in non-relevant job roles <input type="checkbox"/> Practitioners in non-banking fields 	
<input type="checkbox"/> Current Relevant Practitioners in the banking industry (as defined by the HKMA) who do not possess sufficient relevant working experience for certification requirements	
<input type="checkbox"/> Professional Qualification (PQ) holders who do not fulfil the CPD requirements.	

Note:

5. No application is required if you have completed a CB/ECF Programme after 2024 since an Affiliate designation will be complimentarily granted to you when you receive your digital programme certificate.



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

Indicate the fee by putting a "✓" in the appropriate box(es).

1st Year Certification Fee for Affiliate Designation

(Certification valid until 31 December 2026)

Holder of PQP diploma / certificate (Articulation to Affiliate Designation)

First-year affiliate certification fee

Waived

Holder of PQ scroll (From Professional Qualification to Affiliate Designation)

First-year affiliate certification fee

Waived

(if PQ certification fee has been paid)

HKD1,260

Administration fee

HKD600

Total: _____

Payment Method (if applicable)

- Paid by Employer – Company Invoice
- Faster Payment System (FPS) – (Account: account@hkit.org), please state “Affiliate Certification” under the ‘FPS remark’ and email the payment advice together with the completed application form to cert.gf@hkit.org.
- Credit Card

Card No.:

A horizontal sequence of four sets of four empty rectangular boxes each, separated by a minus sign. This visual representation is used to show the subtraction of four groups of four items each.

Expiry Date (MM/YY):

1 / 2

Name of Cardholder (as on credit card):



Section E: Privacy Policy Statement

It is our policy to meet fully the requirements of the Personal Data (Privacy) Ordinance. The 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. The 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@hkit.org

The HKIB would like to provide the latest information to you via weekly E-news. 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 regardless of the final application result.
- 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 the certification 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 HKIB 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
- Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

Signature of Applicant**Name:**

Date