

Section B: Indication of Certification Applied

Please indicate the certification applied for by putting a "✓" in the appropriate box.

AAMLP Certification Application	
☐ Hong Kong	
☐ Macao	
 Eligibility : ☐ Option I:	
• Have completed the Advanced Certificate for ECF-AML/CFT training programme and passed the corresponding examination; and • Employed by an AI under the HKMA / any statutory body supervised by the AMCM at the time of application.	
Applicants meeting the above criteria are eligible to apply for the AAMLP certification, which is issued by HKIB and recognised by HKMA.	
 ☐ Option II:	
• Possessing the ECF Affiliate of AAMLP designation; and • Employed by an AI under the HKMA / any statutory body supervised by the AMCM at the time of application.	
 ☐ Option III:	
• Hold the Certified Anti-Money Laundering Specialist Certification or the International Diploma in AML, awarded by the Association of Certified Anti-Money Laundering Specialists or the International Compliance Association; and • Have completed the bridging training programme and passed the examination offered by HKIB in collaboration with HKU SPACE; and • Employed by an AI under the HKMA / any statutory body supervised by the AMCM at the time of application.	

Section C: Declaration Relating 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 D: Payment

Payment Amount	
Please indicate the fee by putting a "✓" in the appropriate box.	
1st Year Certification Fee for AAMLMP (Membership valid until 31 December 2027 ¹)	
☐ Not a HKIB member	HKD2,300 ²
☐ <u>Current and valid</u> HKIB Ordinary Member	HKD2,300 ²
☐ <u>Current and valid</u> HKIB Professional Member	Waived
1. Current Professional Member excluded. Professional Member will be required to renew the membership for 2027. 2. The 1st Year Certification Fee includes a complimentary CPD course (up to 3 hours) that supports your professional growth and career progression. For more details of the CPD course, please contact our Customer Experience Team.	
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 "AAMLMP Certification" under 'remarks' and email together with the completed application form to cert.gf@hkib.org .	
☐ Credit Card ☐ Visa ☐ Mastercard	
Card No:	- -
Expiry Date (MM/YY):	/
Name of Cardholder (as on credit card):	_____
Signature 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. HKIB recognises the sensitive and highly confidential nature of much of the personal data 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 the [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

Use of Personal Data in Direct Marketing

I do not wish HKIB to use my personal data in direct marketing relating to HKIB's training programmes, examinations, professional qualifications, membership services, events, publications and professional development opportunities through the following channel(s) (please "✓" to select):

☐ Weekly E-News ☐ Email ☐ Telemarketing ☐ WhatsApp

Unless otherwise indicated above, HKIB may continue to use your personal data for direct marketing through the relevant communication channels in accordance with its Privacy Policy Statement.

Digital Credential Verification Preference

HKIB operates a Digital Credential System (DCS) that enables authorised employers and other authorised verification parties to verify professional qualifications and certifications awarded by HKIB. Unless you opt out below, HKIB will make the following credential information available through the DCS for credential verification purposes:

- Qualification achieved
- Certification status
- Award date
- Certification validity status

The purpose of this disclosure is to facilitate professional credential verification.

Please note that if you opt out, authorised verification parties may not be able to verify your HKIB credentials through the DCS. You may change your preference at any time through MyHKIB.

☐ I do not wish HKIB to disclose or verify my credential information through the DCS.

FOR INSTITUTE USE ONLY		
Received by: _____	(Staff Name)	(Date)
Assessed by: _____	(Staff Name)	(Date)
☐ Approved / ☐ 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 HKIB to obtain from the relevant authorities any information about my qualifications and/or employment as required for my application.
- I acknowledge that HKIB has the right to withdraw approval of the certification if I do not meet the requirements. I understand and agree that HKIB may investigate the statements I have made with respect to this application, and that I may be subject to disciplinary action for any misrepresentation (whether fraudulent or 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 HKIB will use the information provided and personal data collected for administration and communication purposes.
- I have read and agree to comply with the “Guidelines of Certification Application for ECF on Anti-Money Laundering and Counter-Financing of Terrorism” (AML-G-022).

Document Checklist

To facilitate the application process, please check the following items before submitting them to HKIB. Failure to submit the required documents may cause delays or termination of the application. Please “✓” the appropriate box(es).

- ☐ All necessary fields on this application form filled in, including your signature
- ☐ Completed **HR Verification Annex (Core Level)** form(s), fulfilling the requirements as stipulated for certification application
- ☐ Copy of your HKID/Passport
- ☐ Copies of your certificate(s) and official result(s) of your bridging training programme
- ☐ Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

Signature of Applicant
(Name: _____)

Date _____

Certification Application Form
for ECF on Anti-Money Laundering and Counter-Financing of Terrorism
(ECF-AML/CFT) (Core Level)

HR Department Verification Form on Employment Information for AML/CFT Practitioner

Important Notes:

1. A completed Certification Application Form for ECF on Anti-Money Laundering and Counter-Financing of Terrorism (Core Level) should include p.1-7 plus the relevant **HR Verification Annex (Core Level)** form(s) (p.AC1-AC2).
2. All information provided, including company chop, must be true and original.
3. Please complete this form in BLOCK LETTERS.

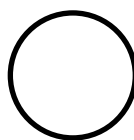
Employment Information	
Name of the Applicant:	
HKID/Passport Number:	
Position/Functional Title:	
Name of Current Employer:	
Business Division/Department:	
Employment Period of Current Position /Functional Title: (DD/MM/YYYY)	From: To:
Total Time Spent in the Stated AML/CFT Compliance Position/Functional Title:	_____Year(s) _____Month(s)
Work Location:	☐ Hong Kong ☐ Macao ☐ Others, please specify:

Please declare the “Key Roles/Responsibilities” in relation to your position/functional title stated on **p.AC1** of **this HR Verification Annex (Core Level)** form by ticking the appropriate box(es).

Key Roles/ Responsibilities	Please “✓” where appropriate
1. Assist in conducting AML/CFT risk assessment reviews and communicating results	
2. Assist management in reviewing the AML/CFT compliance risk management framework by performing periodic compliance tests on the AML/CFT programme	
3. Analyse data to explore root causes and to derive remedial initiatives	
4. Execute remediation of compliance deficiencies (discovered internally or by regulators) within a bank	
5. Review and investigate suspicious transaction alerts and prepare appropriate documentation on AML/CFT inquiries	
6. Communicate review findings in an accurate and timely manner and work collaboratively with internal and external stakeholders of the bank	
7. Escalate investigation of suspicious activity to the appropriate personnel (e.g. Money Laundering Reporting Officer) where further investigation and report filings may be necessary	
8. Other Key Roles/ Responsibilities related to AML/CFT compliance work (please specify): _____ _____	

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 Bank.



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/or progress of the “Grandfathering/Examination/Certification/Exemption application for ECF-AML (Core Level)” to any third party, including but not limited to my current employer and future employer(s), upon request.

HKIB shall try its best endeavours to ensure that the disclosure of the personal information is proper and harmless to the applicant.

Signature

HKIB Membership No./HKID No.*

Date

Contact Phone No.

** 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 applications for a module/designation and award(s) achieved.
2. This authorisation form must be signed and submitted to HKIB.
3. Applicants may rescind or amend their consent in writing to HKIB at any time, except where action has been taken in reliance on this authorisation.