HKIB The Hong Kong Institute of Bankers | CERTIFIED BANKER

(For office use only)
Received on:
Acknowledged on:
Application no:

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

Important Notes:

1. The application is applicable for **Relevant Practitioner (RP)** engaged by an Authorized Institution (AI) at the time of application.
2. Read carefully the "Guidelines of Certification Application for ECF on Anti-Money Laundering and Counter-Financing of Terrorism" (AML-G-022) **BEFORE** completing this application form.
3. Only **completed application form** with all valid supporting documents, including the HR Verification Annexes, will be processed**.**

Section A: Personal Particulars [1]

Title: ☐ Mr ☐ Ms ☐ Dr ☐ Prof	HKIB Member: ☐ Yes _____ ☐ No *(Membership No.)*
Name in English: [2] *(Surname)* *(Given Name)*	Name in Chinese: [2]
HKID/Passport Number:	Date of Birth: *(DD/MM/YYYY)*
Contact Information	
(Primary) Email Address [3]: (Secondary) Email Address:	Mobile Phone Number:
Correspondence Address:	
Employment Information	
Name of Current Employer:	Office Telephone Number:
Position/ Functional Title:	Department:
Office Address: [4]	

Academic and Professional Qualification		
Highest Academic Qualification Obtained:	University/Tertiary Institution/College:	Year of Award:
Other Professional Qualifications:	Professional Bodies:	Year of Award:

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 applied by putting a "✓" in the appropriate box.

CAMLP Certification Application

Eligibility : ☐ Option I:

- Completed the Professional Certificate for ECF-AML/CFT training programme and passed the corresponding examination; and
- Possessing **at least 3 years** of relevant AML/CFT work experience; and
- Employed by an AI at the time of application.

☐ Option II:

- Possessing ECF Affiliate of CAMLP ; and
- Possessing **at least 3 years** of relevant AML/CFT work experience; and
- Employed by an AI at the time of application

☐ Option III:

- Holder of the Certified Anti-Money Laundering Specialist Certification or International Diploma in AML awarded by the Association of Certified Anti-Money Laundering Specialists and the International Compliance Association; and
- Completed the bridging training programme and passed the examination offered by the HKIB in collaboration with HKU SPACE; and
- Possessing **at least 3 years** of relevant AML/CFT work experience; and
- Employed by an AI at the time of application.

Section C: Relevant Employment History

List all the relevant employment history in the AML/CFT or related function in **reverse chronological order**. Work experience does not need to be continuous. Each position listed requires a **separate** **HR Verification Annex (Professional Level)** 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

Total relevant work experience: _____ Year(s) _____ Month(s)

Total number of **HR Verification Annex (Professional Level)** 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?	☐ 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 E: Payment

Payment Amount

Indicate the fee by putting a "✓" in the appropriate box**.**

1st Year Certification Fee for CAMLP *(Membership valid until 31 December 2026 [1])*

☐	Not a HKIB member	HKD2,230 [2]
☐	Current and valid HKIB Ordinary member	HKD2,230 [2]
☐	Current and valid HKIB Professional member	Waived

1. *Current Professional Member excluded. Professional Member will be required to renew the membership in 2026.*
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 "CAMLP 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 F: 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@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 fee paid is 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.
- I have read and agreed 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 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 (Professional Level)** fulfilling the requirements as stipulated for certification application
- ☐ Certified true copy of your HKID/Passport [5] (Non HKIB members only)
- ☐ Certified true copies of your certificate(s) [5] and official result of your bridging programme
- ☐ 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 recognised 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 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).

Signature of Applicant **Date**

(Name:)

Certification Application Form
for ECF on Anti-Money Laundering and Counter-Financing of Terrorism (ECF-AML/CFT) (Professional 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 (Professional Level) should contain p.1-6 plus this **HR Verification Annex (Professional Level)** form(s) (p.AP1-AP2).
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 on p.2):	Current/Job no:
Position/Functional Title:	
Name of Employer:	
Business Division/Department:	
Employment Period of Stated Position/ Functional Title: *(DD/MM/YYYY)*	From: To:
Total Times Spent in the Stated AML/CFT Compliance Position	_____Year(s) _____Month(s)
Work Location	☐ Hong Kong ☐ Others, please specify: _____

Please declare the "Key Roles/Responsibilities" in relation to your position/functional title stated on **p.AP1 of this HR Verification Annex (Professional Level)** form by ticking the appropriate box(es).

Key Roles/Responsibilities		Please "✓" where Appropriate
1.	Develop, implement and periodically review the AML/CFT compliance risk management framework and the related controls for identification, management, monitoring and reporting of AML/CFT compliance risks and issues (including the operation of AML/CFT systems)	
2.	Review, analyse and communicate AML/CFT management information such as trends surrounding suspicious transactions/ filed Suspicious Transaction Reports (STR) and sanctions screening hits. Report results of AML/CFT risk management reviews and identify key areas of improvements. Monitor remedial actions for identified weak AML/CFT controls that require corrective actions	
3.	Evaluate and communicate new laws and regulations and stay abreast of all legislative and regulatory developments relating to AML/CFT, both at local and international levels	
4.	Review suspicious activity that has been investigated and concluded as reportable and file STRs to the Joint Financial Intelligence Unit (JFIU) in accordance with regulatory requirements	
5.	Plan periodic compliance tests on the bank's AML/CFT program against compliance testing policies, procedures and regulations	
6.	Provide guidance and training to business units on AML/CFT related matters, including but not limited to transaction monitoring, filtering, sanctions screening, trade based money laundering and correspondent banking	
7.	Reassess the risk rating of the client and consider whether the discontinuance and reputational risks that may arise as a result of the suspicious transaction	
8.	Communicate and collaborate with internal and external stakeholders effectively to drive for actions on suspicious transactions and enhancement of AML/CFT practices in the bank	
9.	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 (Professional Level)" to any Third Party, including but not limited to my current employer and future employer(s), upon requested. The HKIB shall try its best endeavors 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.

**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 application of a module/designation and award(s) achieved.
2. This authorisation form must be signed and submitted to the HKIB.
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.