

Received on:

Acknowledged on:

Application no:

Certification Application Form for ECF on Compliance (Professional Level)

Important Notes:

1. The application is applicable for the **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 Compliance" (COM-G-022) **BEFORE** completing this application form.
3. Only the **completed application form** with all valid supporting documents, including the HR Verification Annexes, will be processed.

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 <i>(Membership No.)</i>	
Name in English ² : <div style="display: flex; justify-content: space-between;"> <i>(Surname)</i> <i>(Given Name)</i> </div>	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/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(s) applied by putting a “✓” in the appropriate box(es).

Certification Application for

☐ **Certified Compliance Professional (General Compliance) (CCOP(GC))**

Eligibility*:

- 1 ☐ Completed **Module 4** of the HKIB ECF on Compliance Professional Level training programme and passed the examination on top of the Core Level qualification **or** CCOP(IIC) qualification; or
☐ Possessing ECF Affiliate of CCOP(GC);
- and
2. Possessing **at least 5 years** of relevant work experience in the general compliance function within 10 years immediately prior to the date of application for certification as specified in the “Key Roles/Responsibilities” of **Role 1** of the **HR Verification Annex (CCOP(GC)/CCOP(IIC))** form (p.AP2-AP4), but does not need to be continuous; and
3. Employed by an AI at the time of application.

and/or

☐ **Certified Compliance Professional (Investment and Insurance Compliance) (CCOP(IIC))**

Eligibility*:

1. ☐ Completed **Module 4 and Module 5** of the HKIB ECF on Compliance Professional Level training programme and passed the examinations on top of the Core Level qualification or CCOP(GC) qualification; or
☐ Possessing ECF Affiliate of CCOP(IIC);
- and
2. Possessing **at least 5 years** of relevant work experience in the investment and/or insurance compliance function within 10 years immediately prior to the date of application for certification as specified in the “Key Roles/Responsibilities” of **Role 2** of the **HR Verification Annex (CCOP(GC)/CCOP(IIC))** form (p.AP2-AP4), but does not need to be continuous; and
3. Employed by an AI at the time of application.

**Application will be processed based on the option(s) you chose.*

Section C: Relevant Employment History

List all the relevant employment history in the general compliance function or in the investment and/or insurance compliance 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 (p.AP1-AP4).

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
Job 5			From To
Job 6			From To
Job 7			From To
Job 8			From To
Job 9			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?	<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 E: Payment

Payment Amount

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

1st Year Certification Fee for CCOP(GC)/CCOP(IIC)

(Membership valid until 31 December 2025)

- | | |
|---|------------|
| <input type="checkbox"/> Not a HKIB member | HKD2,180 * |
| <input type="checkbox"/> <u>Current and valid</u> HKIB Ordinary member via registration of ECF
Affiliate of CCOP(GC)/CCOP(IIC) <u>after 01/01/2025</u> | HKD2,180 * |
| <input type="checkbox"/> <u>Current and valid</u> HKIB Ordinary member | HKD950 * |
| <input type="checkbox"/> <u>Current and valid</u> HKIB Professional member | Waived |

* 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 "CCOP(GC)/CCOP(IIC) 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 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 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 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 Compliance" (COM-G-022).

Document Checklist

To facilitate the application process, please check the following items before submitting them to the HKIB. Failure to submit the 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
- ☐ The completed form(s) of **HR Verification Annex (Professional Level)** fulfilling the requirements as stipulated for certification application
- ☐ Cop(ies) of your compliance examination result(s)
- ☐ Copy of your HKID/Passport (Non HKIB members only)
- ☐ 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 ECF on Compliance (Professional Level)

HR Department Verification Form on Employment Information for Compliance Practitioner

Important Notes:

1. A completed Certification Application Form for ECF on Compliance (Professional Level) should contain p.1-7 plus this **HR Verification Annex (Professional Level)** form(s) (p.AP1-AP4).
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.3):	Current/Job No:
Position/Functional Title:	
Name of Employer:	
Business Division/Department:	
Employment Period of the Stated Position/Functional Title: (DD/MM/YYYY)	From: To:
Key Roles/Responsibilities in Relation to the Stated Position/Functional Title: <i>(Tick the appropriate box(es); Application will be processed based on the role(s) ticked)</i>	<input type="checkbox"/> Role 1 – General Compliance <i>(fill in p.AP2-AP3)</i> <input type="checkbox"/> Role 2 – Investment and Insurance <i>(fill in p.AP3-AP4)</i>
Total Time Spent for the Specified Functional Role(s) in the Stated Position	_____ Year(s) _____ Month(s)

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).

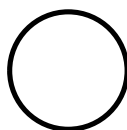
Key Roles/Responsibilities	Please “✓” Where Appropriate
<input type="checkbox"/> Role 1 - General Compliance	
1. Develop, review, evaluate and update the AI’s compliance policies, procedures, guidelines and compliance related documents to ensure congruence with its legal and regulatory obligations and the AI’s internal requirements	
2. Establish and review compliance monitoring programmes to ensure the AI’s compliance with applicable legal and regulatory requirements, and codes of conduct	
3. Conduct independent compliance assessments and reviews as mandated by the compliance function to identify, assess and monitor compliance risk and mitigate any conduct and reputational risk issues	
4. Report to and advise senior management on compliance related matters	
5. Investigate suspicious activities and report any possible breaches of laws and regulations in business activities	
6. Analyse areas of non-compliance and identify actions for improvement	
7. Monitor the effectiveness of any remedial actions taken	
8. Provide advice and recommendations on laws, rules and standards to the business units	
9. Maintain a strong understanding of new and emerging products and services and the compliance implications on the AI of such products and services	
10. Develop, review, evaluate and update escalation and whistleblowing policies and procedures for identifying and reporting potential and actual non- compliance issues	

Key Roles/Responsibilities		Please "✓" Where Appropriate
11.	Maintain regular communication and interaction with operational risk, market risk and credit risk colleagues to understand current areas of heightened operational risk, market risk and credit risk	
12.	Liaise with local regulators on a regular basis to ensure open lines of communication, maintain reporting obligations and handle requests	
13.	Develop and implement transactions monitoring and surveillance infrastructure on general banking activities	
14.	Track and capture key legal and regulatory changes both in Hong Kong and relevant overseas jurisdictions and notify relevant stakeholders to ensure the business operations of the AI could meet the relevant requirements	
15.	Provide advice and compliance related training to business units in Hong Kong	
Key Roles/Responsibilities		Please "✓" Where Appropriate
<input type="checkbox"/> Role 2 - Investment and Insurance Compliance		
1.	Develop, review, evaluate and update the AI's compliance policies, procedures, guidelines and compliance related documents to ensure congruence with its legal and regulatory obligations and the AI's internal requirements	
2.	Establish and review compliance monitoring programmes to ensure the AI's compliance with applicable legal and regulatory requirements, and codes of conduct covering the selling process	
3.	Report to and advise senior management on compliance related matters including sales suitability, financial need analysis and cross border selling restrictions	
4.	Investigate suspicious activities and report any possible non-compliance incidents related to AI's investment and insurance business activities	

Key Roles/Responsibilities	Please "✓" Where Appropriate
5. Identify and handle non-compliance issues and monitor the effectiveness of any remedial actions taken	
6. Provide advice on business initiatives, product development, and review and approve marketing materials for dissemination	
7. Provide advice and guidance on compliance related matters to relationship managers and investment and insurance product managers	
8. Liaise with local regulators on a regular basis to ensure open lines of communication, maintain reporting obligations and handle requests	
9. Develop and implement transactions monitoring and surveillance infrastructure on investment and insurance business activities	
10. Track and capture key local and regulatory changes both in Hong Kong and relevant overseas jurisdictions and notify relevant stakeholders to ensure the business operations of the AI could meet the relevant requirements	
11. Provide advice and training on investment and insurance compliance to business units in Hong Kong	

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-Compliance (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.