

Received on:

Acknowledged on:

Application no:

Certification Application Form for ECF on Credit Risk Management (ECF-CRM) (Core Level)

Important Notes:

1. The application is applicable to **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 Credit Risk Management" (CRM-G-022) **BEFORE** completing this application form.
3. Only **completed application forms** 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: Certification Eligibility

Only applicants who fulfil the following criteria are eligible to apply. Please put a “✓” in the appropriate box:

- ☐ Have completed **Modules 1 to 3** of the ECF on Credit Risk Management (Core Level) training programme and passed the examinations, or with have obtained an approved exemption for the Core Level; or

☐ Possessing the ECF Affiliate of ACRP designation;

and

 - **Possessing 1 year** of relevant work experience in a credit risk management function **within 3 years** immediately prior to the date of application for certification, but it does not need to be continuous; and
 - Employed by an AI at the time of application.

Section C: Relevant Employment History

Please list all the relevant employment history in the credit risk management or related function in **reverse chronological order**. Work experience does not need to be continuous. A **separate HR Verification Annex (Core Level)** form is required for each position listed.

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 (Core Level)** form submitted: _____

Section D: 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 E: Payment

Payment Amount							
Please indicate the fee by putting a "✓" in the appropriate box. 1st Year Certification Fee for ACRP (Membership valid until 31 December 2027 ¹) <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">☐ Not a HKIB member</td> <td style="text-align: right;">HKD2,300 ²</td> </tr> <tr> <td>☐ <u>Current and valid</u> HKIB Ordinary Member</td> <td style="text-align: right;">HKD2,300 ²</td> </tr> <tr> <td>☐ <u>Current and valid</u> HKIB Professional Member</td> <td style="text-align: right;">Waived</td> </tr> </table> 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.		☐ 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
☐ 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						
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 "ACRP 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. 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.

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, 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 Credit Risk Management” (CRM-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 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 ECF-CRM examination result(s)
- ☐ 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 Credit Risk Management (Core Level)

HR Department Verification Form on Employment Information for CRM Practitioner

Important Notes:

1. A completed Certification Application Form for ECF on Credit Risk Management (Core Level) should contain p.1-7 plus the relevant **HR Verification Annex (Core Level)** form(s) (p.AC1-AC4).
2. Complete **ONE HR Verification Annex form for EACH relevant position/functional title** in your application. You may make additional copies of this blank form as required.
3. All information provided, including company chop, must be true and original.
4. Please complete this form in BLOCK LETTERS.

Employment Information	
Name of the Applicant:	
HKID/Passport Number:	
Job Number (as stated in Section B on p.2):	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: (Tick the appropriate box(es); Application will be processed based on the role(s) ticked)	☐ Role 1 – Credit Initiation and Appraisal (fill in p.AC2) ☐ Role 2 – Credit Evaluation, Approval and Review (fill in p.AC3) ☐ Role 3 – Credit Risk Management and Control (fill in p.AC4)
Total Time Spent in the above Specified Functional Role(s) for the Stated Position:	_____ Year(s) _____ Month(s)

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).

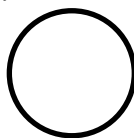
Key Roles/Responsibilities	Please “✓” where appropriate
☐ Role 1 – Credit Initiation and Appraisal	
1. Assist in performing credit initiation of commercial lending within established policies	
2. Assist in assessing borrowers’ credit and financial information for preparing credit proposals	
3. Assist in evaluating the borrowers’ information relating to industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc.	
4. Assist in assessing borrowers’ credit ratings	
5. Assist in assessing other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc.	
6. Assist in monitoring borrowers’ accounts	
7. Assist in assessing whether the terms and conditions of the credit facilities can meet the financing need of borrowers	
8. Assist in assessing whether the covenants, conditions and triggers are sufficient and effective for ongoing monitoring	
9. Assist in assessing factors related to risk-adjusted returns/ costing assessment	

Key Roles/Responsibilities	Please "✓" where appropriate
☐ Role 2 – Credit Evaluation, Approval and Review	
1. Assist in assessing and analysing collected information about prospective corporate clients, for example: • <i>Industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc.</i>	
2. Assist in assessing the credit and financial strength of the corporate borrowers to determine clients' creditworthiness and acceptable levels of credit exposure in accordance with credit policies and relevant regulations. • Assist in assessing corporate borrowers' credit ratings (e.g. based on internal or external ratings)/ loan classification • Assist in assessing quality of collateral and verifying its values as well as cost of selling the collateral, taking into account the type of collateral, economic situation, seniority of claim, etc. • Assist in assessing other types of risk mitigations and comforts • Assist in assessing other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc.	
3. Assist in assessing application of funds	
4. Assist in assessing credit limit for approval	
5. Assist in assessing factors related to risk-adjusted returns/ costing assessment	
6. Assist in setting credit covenants	
7. Assist in following up with loan officers/ account managers	

Key Roles/Responsibilities	Please "✓" where appropriate
☐ Role 3 – Credit Risk Management and Control	
1. Assist in formulating and reviewing credit policies, procedures and methodologies	
2. Assist in monitoring accounts on a day-to-day basis to identify changes in clients' financial condition and capacity to repay the outstanding debts	
3. Assist in performing analysis on credit limits and monitoring credit portfolios	
4. Assist in performing assessment and gap analysis according to regulatory and management requirements regarding calculations of risk indicators such as probability of default, loss given default, exposure at default, etc.	
5. Assist in performing assessment and gap analysis according to regulatory and management requirements regarding calculations of portfolio performance indicators such as risk weighted assets, risk adjusted returns, regulatory and/ or economic capital requirements	
6. Assist in general review of and providing feedback for enhancement of internal credit rating systems	
7. Assist in handling the recovery and work-out of problem loans/ deteriorating credit	
8. Assist in performing stress testing analysis, scenario analysis, and other types of portfolio analysis	
9. Assist in preparing analytical reports to management	

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-CRM (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.