

Received on:

Acknowledged on:

Application no:

Certification Application Form

For ECF on Credit Risk Management (ECF-CRM) (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 Credit Risk Management” (CRM-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: <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) (Given Name)		Name in Chinese ² :	
HKID/Passport Number:		Date of Birth: (DD/MM/YYYY)	
Contact Information			
(Primary) Email Address ³ :		Mobile Phone Number:	
(Secondary) Email Address:			
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(es).

CCRP(CL) and/or CCRP(CPM) Certification Application	
<p>Eligibility*:</p> <p><input type="checkbox"/> CCRP(CL):</p> <ul style="list-style-type: none"> Successfully completed the Professional Level training module (Module 4) and passed the examination of ECF on Credit Risk Management; and 5 years' relevant work experience within 10 years immediately prior to the date of application for certification, but does not need to be continuous; and Employed by an AI at the time of application. <p>and /or</p> <p><input type="checkbox"/> CCRP(CPM):</p> <ul style="list-style-type: none"> Successfully completed the Professional Level training modules (Module 5) and passed the examinations of ECF on Credit Risk Management; and 5 years' relevant work experience within 10 years immediately prior to the date of application for certification, but does not need to be continuous; and Employed by an AI at the time of application. <p><i>*Application will be processed based on the option you chose.</i></p>	

Section C: Relevant Employment History

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. 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?	<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 CCRP

(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 | 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 "CCRP Certification" under 'remarks' and email together with the completed application form to cert.gf@hkib.org.
- ☐ Credit Card
- ☐ Visa
- ☐ Mastercard

Card No:

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Expiry Date (MM/YY):

		/		
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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 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](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 Credit Risk Management” (CRM-G-022).

Document Checklist

To facilitate the application process, please check the following items before submitting to 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
- ☐ Cop(ies) of your examination result(s)
- ☐ Copy of your HKID/Passport
- ☐ 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 (Professional 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 (Professional Level) should contain p.1-6 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.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)	<input type="checkbox"/> Role 1 – Credit Initiation and Appraisal (fill in p.AP2) <input type="checkbox"/> Role 2 – Credit Evaluation, Approval and Review (fill in p.AP3) <input type="checkbox"/> Role 3 – Credit Risk Management and Control (fill in p.AP4)
Total Time Spent for the above 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).

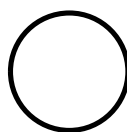
Key Roles/Responsibilities	Please “✓” where appropriate
<input type="checkbox"/> Role 1 – Credit Initiation and Appraisal	
1. Solicit credit business following established policies and prepare credit proposal	
2. Evaluate the borrowers’ information relating to industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc	
3. Assess credit and financial strength of borrowers to determine creditworthiness and acceptable credit exposure levels for recommending credit approval and internal credit ratings	
4. Assess borrowers’ credit ratings and make appropriate recommendation	
5. Assess other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc	
6. Conduct regular monitoring of borrowers’ accounts	
7. Assess whether the terms and conditions of the credit facilities can meet the financing need of borrowers	
8. Assess whether the covenants, conditions and triggers are sufficient and effective for ongoing monitoring	
9. Assess the applicability of the products/ services initiated	

Key Roles/Responsibilities	Please "✓" where appropriate
<input type="checkbox"/> Role 2 – Credit Evaluation, Approval and Review	
1. Review and analyse collected information about prospective corporate clients, for example: <ul style="list-style-type: none"> • Industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc. 	
2. Review credit ratings/ loan classification for corporate lending and assess 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. Standardised approval and review process may be established by sub-segments such as industry, company revenue size, loan to value ratios, etc. Individual assessment may be necessary for particular borrowers depending on the origin of the borrower, nature of borrower's business, etc <ul style="list-style-type: none"> • Review corporate borrowers' credit ratings (e.g. based on internal or external ratings) • Review quality of collateral and verify its values as well as cost of selling the collateral, taking into account the type of collateral, economic situation, seniority of claim, etc. • Review other types of risk mitigations and comforts • Review other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc. 	
3. Review application of funds	
4. Review credit limit for approval	
5. Review credit pricing	
6. Set credit covenants	
7. Follow up with loan officers/ account managers for extra information or documents, or to discuss specific issues in the approval process	
8. Document necessary credit files and complete loan application	
9. Ensure that credit approvals are granted according to authority structure	
10. Review credit terms	
11. Review the applicability of the products/ services initiated	

Key Roles/Responsibilities	Please "✓" where appropriate
<input type="checkbox"/> Role 3 – Credit Risk Management and Control	
1. Formulate and review credit policies and procedures in accordance with market conditions, regulatory requirements and risk appetite of the AI	
2. Carry out strategy laid down by the Board and establish procedures to identify, quantify, monitor and control the credit risk inherent in the AI's activity and at the level of both the overall portfolio and individual borrowers	
3. Perform stress testing analysis, scenario analysis, and other types of portfolio analysis on the credit risk portfolios and prepare analysis and recommendation report to management	
4. Review and monitor portfolio performance indicators such as risk weighted assets, risk adjusted returns, regulatory and/ or economic capital requirements	
5. Monitor and review credit limits and capital allocation approved by the Board	
6. Participate in credit product development and recommend credit risk control and mitigation measures	
7. Regularly review, monitor and provide feedback for enhancement of internal credit rating systems	
8. Support restructuring of problem loans and monitor their performances	
9. Oversee the collection process of large nonperforming loans and determine the level of provisions for problem accounts	
10. Review exception reports and ensure that loan portfolio is properly classified and problem loans are appropriately mapped to the relevant loan classification	

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 (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.