

Received on:

Acknowledged on:

Application no:

## Certification Application Form for EFC on Cybersecurity (ECF-C) (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. Completed the EFC on Cybersecurity (Core Level) training and passed the examination for the Advanced Certificate for EFC on Cybersecurity.
3. Read carefully the "Guidelines of Certification Application for EFC on Cybersecurity (Core Level)" (CSP-G-022) **BEFORE** completing this application form.
4. Only **completed application forms** with all valid supporting documents, including the HR verification forms, will be processed.

### Section A: Personal Particulars <sup>1</sup>

|                                                                                                                          |                                          |                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof |                                          | HKIB Member:<br><input type="checkbox"/> Yes _____ <input type="checkbox"/> No<br>(Membership No.) |
| Name in English <sup>2</sup> :<br>(Surname)<br>(Given Name)                                                              |                                          | Name in Chinese <sup>2</sup> :                                                                     |
| HKID/Passport Number:                                                                                                    |                                          | Date of Birth: (DD/MM/YYYY)                                                                        |
| <b>Contact Information</b>                                                                                               |                                          |                                                                                                    |
| (Primary) Email Address <sup>3</sup> :<br><br>(Secondary) Email Address:                                                 |                                          | Mobile Phone Number:                                                                               |
| Correspondence Address:                                                                                                  |                                          |                                                                                                    |
| <b>Employment Information</b>                                                                                            |                                          |                                                                                                    |
| Name of Current Employer:                                                                                                |                                          | Office Telephone Number:                                                                           |
| Position/Functional Title:                                                                                               |                                          | Department:                                                                                        |
| Office Address <sup>4</sup> :                                                                                            |                                          |                                                                                                    |
| <b>Academic and Professional Qualification</b>                                                                           |                                          |                                                                                                    |
| 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 the Advanced Certificate for ECF on Cybersecurity (Core Level) training programme and passed the corresponding examination; or

☐ Possessing the ECF Affiliate of ACsP designation;

and

- Employed by an AI 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?                                                                                               | <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 D: Payment

### Payment Amount

Please indicate the fee by putting a "✓" in the appropriate box.

#### 1st Year Certification Fee for ACsP (Membership valid until 31 December 2027 <sup>1</sup>)

- |                                                                            |                       |
|----------------------------------------------------------------------------|-----------------------|
| <input type="checkbox"/> Not a HKIB member                                 | HKD2,300 <sup>2</sup> |
| <input type="checkbox"/> <u>Current and valid</u> HKIB Ordinary Member     | HKD2,300 <sup>2</sup> |
| <input type="checkbox"/> <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 "ACsP Certification" under 'remarks' and email together with the completed application form to [cert.gf@hkib.org](mailto: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](mailto: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) _____ |
| <input type="checkbox"/> Approved / <input type="checkbox"/> 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 Cybersecurity (Core Level)” (CSP-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
- ☐ Copy of your Advanced Certificate for ECF on Cybersecurity (Core Level)
- ☐ 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 Cybersecurity (Core Level)

### HR Department Verification Form on Employment Information for Cybersecurity Practitioner

**Important Notes:**

1. A completed Certification Application Form for ECF on Cybersecurity (Core Level) should include p.1-6 plus the relevant **HR Verification Annex (Core Level)** form(s) (p.AC1-AC3).
2. All information provided, including company chop, must be true and original.
3. Please complete this form in BLOCK LETTERS.

| <b>Employment Information</b>                                                                                                                                                              |                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name of the Applicant:</b>                                                                                                                                                              |                                                                                                                                                                                                                                                                               |
| <b>HKID/Passport Number:</b>                                                                                                                                                               |                                                                                                                                                                                                                                                                               |
| <b>Current Position/Functional Title:</b>                                                                                                                                                  |                                                                                                                                                                                                                                                                               |
| <b>Name of Current Employer:</b>                                                                                                                                                           |                                                                                                                                                                                                                                                                               |
| <b>Business Division/Department:</b>                                                                                                                                                       |                                                                                                                                                                                                                                                                               |
| <b>Employment Period of the Current Position /Functional Title:</b><br><i>(DD/MM/YYYY)</i>                                                                                                 | From:<br><br>To:                                                                                                                                                                                                                                                              |
| <b>Key Roles/Responsibilities in Relation to the Stated Position/Functional Title:</b><br><i>(Tick the appropriate box(es); Application will be processed based on the role(s) ticked)</i> | <input type="checkbox"/> Role 1 – IT Security Operations and Delivery<br><i>(fill in p.AC2)</i><br><br><input type="checkbox"/> Role 2 – IT Risk Management and Control<br><i>(fill in p.AC2)</i><br><br><input type="checkbox"/> Role 3 – IT Audit<br><i>(fill in p.AC3)</i> |
| <b>Total Time Spent in the above Specified Functional Role(s) for the Stated Position:</b>                                                                                                 | _____ Year(s) _____ Month(s)                                                                                                                                                                                                                                                  |
| <b>Work Location</b>                                                                                                                                                                       | <input type="checkbox"/> Hong Kong<br><input type="checkbox"/> Others, please specify:<br>_____                                                                                                                                                                               |

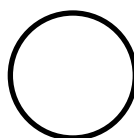
Please declare the “Key Roles/Responsibilities” in relation to your position/functional title stated on **p.AC1 of HR Verification Annex (Core Level)** form by ticking the appropriate box(es).

| Key Roles/Responsibilities                                                                                                                                                                       | Please “✓”<br>where<br>appropriate |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> <b>Role 1 – IT Security Operations and Delivery</b>                                                                                                                     |                                    |
| <input type="checkbox"/> <b>Operational Tasks:</b>                                                                                                                                               |                                    |
| 1. Implement and enforce the bank’s IT security policies                                                                                                                                         |                                    |
| 2. Responsible for the day-to-day security operation of the bank including access control configuration, reviewing program changes requests, reviewing IT incidents, security reporting and etc  |                                    |
| 3. Implement cybersecurity monitoring framework                                                                                                                                                  |                                    |
| 4. Collect data on cybersecurity related risk, attacks, breaches and incidents, including external data and statistics as appropriate                                                            |                                    |
| 5. Investigate security incidents by gathering evidence and reviewing system logs / audit trails                                                                                                 |                                    |
| 6. Provide operational support to systems and network teams regarding security related matters                                                                                                   |                                    |
| <input type="checkbox"/> <b>Technical Tasks:</b>                                                                                                                                                 |                                    |
| 1. Monitor network traffic through implemented security tools to proactively identify indicators of compromise (e.g. Host based IDS/IPS, network based IDS/IPS, firewall logs, application logs) |                                    |
| 2. Perform maintenance and operation support for security devices such as firewall, IPS/IDS, VPN, anti-virus and encryption services                                                             |                                    |
| 3. Participate in developing, tuning and implementing threat detection analytics                                                                                                                 |                                    |
| <input type="checkbox"/> <b>Role 2 – IT Risk Management and Control</b>                                                                                                                          |                                    |
| 1. Assist management in developing processes and controls to manage IT risks and control issues                                                                                                  |                                    |
| 2. Assist in communicating the risk management standards, policies and procedures to stakeholders                                                                                                |                                    |
| 3. Apply processes to ensure that IT operational and control risks are at an acceptable level within the risk thresholds of the bank, by evaluating the adequacy of risk management controls     |                                    |
| 4. Analyse and report to management, and investigate into any non-compliance of risk management policies and protocols                                                                           |                                    |

| Key Roles/Responsibilities                                              | Please "✓" where appropriate |
|-------------------------------------------------------------------------|------------------------------|
| <input type="checkbox"/> <b>Role 3 – IT Audit</b>                       |                              |
| 1. Assist in the execution of audits in compliance with audit standards |                              |
| 2. Assist in the fieldwork and conducting tests                         |                              |
| 3. Assist in evaluating data collected from tests                       |                              |
| 4. Document the audit, test and assessment process and results          |                              |
| 5. Ensure appropriate audit follow-up actions are carried out promptly  |                              |

**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: \_\_\_\_\_

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**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-Cybersecurity” 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, 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 the HKIB at any time, except where action has been taken in reliance on this authorisation.