

Received on:

Acknowledged on:

Application no:

Certification Application Form for ECF on Operational Risk Management (ECF-ORM) (Core 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 Operational Risk Management" (ORM-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 <i>(Membership No.)</i>	
Name in English ² : <i>(Surname) (Given Name)</i>	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 : Certification Eligibility

Only applicants fulfilled the following criteria are eligible for the application. Please put a “✓” in the appropriate box :

- ☐ Successfully completed Module 1 to Module 3 of the ECF on Operational Risk Management Core Level training programme and passed the examinations; or

☐ Possessing ECF Affiliate of AORP;

and

 - Employed by an AI at the time of application.

Section C: 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 D: Payment

Payment Amount

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

1st Year Certification Fee for AORP (Membership valid until 31 December 2026 ¹)

- | | |
|--|-----------------------|
| ☐ Not a HKIB member | HKD2,230 ² |
| ☐ <u>Current and valid</u> HKIB Ordinary member | HKD2,230 ² |
| ☐ <u>Current and valid</u> 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 "AORP 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):

 /

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. 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.*

FOR INSTITUTE USE ONLY		
Received by: _____	(Staff Name) _____	(Date) _____
Assessed by: _____	(Staff Name) _____	(Date) _____
☐ Approved / ☐ 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 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](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 Operational Risk Management” (ORM-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 (Core Level)** fulfilling the requirements as stipulated for certification application
- ☐ Copies of your ORM M1-M3 examination results
- ☐ 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 Operational Risk Management (Core Level)**

HR Department Verification Form on Employment Information for ORM Practitioner

Important Notes:

1. A completed Certification Application Form for ECF on Operational Risk Management (Core Level) should contain p.1-5 plus this **HR Verification Annex (Core Level)** form(s) (p.AC1-AC2).
2. All information filled in including company chop must be true and original.
3. Use BLOCK LETTERS to complete this form.

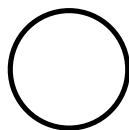
Employment Information	
Name of the Applicant:	
HKID/Passport Number:	
Position/Functional Title:	
Name of Current Employer:	
Business Division/Department:	
Employment Period of the Stated Position /Functional Title: (DD/MM/YYYY)	From: To:
Key Roles/Responsibilities in Relation to the Stated Position/Functional Title: (Tick the appropriate box(es); Application will be processed based on the role(s) ticked)	☐ Role 1 – Operational Risk Management (fill in p.AC2) ☐ Role 2 – Business Function Risk and Control (fill in p.AC2)
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.AC1** of **this HR Verification Annex (Core Level)** form by ticking the appropriate box(es).

Key Roles/Responsibilities	Please “✓” where appropriate
☐ Role 1 – Operational Risk Management OR ☐ Role 2 – Business Function Risk and Control	
1. Assist in conducting operational risk monitoring duties (e.g. monitoring operational risk indicators), reviewing and updating operational risk policies, guidelines and procedures, and handling of operational risk events	
2. Assist in conducting operational risk control self-assessments (i.e. bottom up process to identify and evaluate risks and associated controls)	
3. Design and test controls on operational risks, with oversight and input from line managers	
4. Assist in performing operational risk assessments (i.e. top down assessment of the inherent risk and any controls that may exist)	
5. Assist in developing and implementing operational risk mitigation plans and in the roll-out of strategic level governance	
6. Assist in identifying compliance and internal control issues, and monitor the ongoing progress of remedial actions	
7. Assist in preparing operational risk reports, dashboards and metrics	
8. Assist in Assist in promoting positive risk culture and risk awareness across the AI/ within business units	
9. Assist in preparing training materials and organising training on operational risk for staff	

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-ORM (Core 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.