HKIB The Hong Kong Institute of Bankers | CERTIFIED BANKER

(For office use only)
Received on:
Acknowledged on:
Application no:

Certification Application Form
for ECF on Retail Wealth Management (ECF-RWM) (Professional Level)

Important notes:

1. The application is applicable for the **Relevant Practitioner (RP)** engaged by an Authorized Institution (AI) under the Hong Kong Monetary Authority (HKMA) / any statutory body supervised by the Monetary Authority of Macao (AMCM) at the time of application.
2. Read carefully the "Guidelines for Certification Application for ECF on Retail Wealth Management" (RWM-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 *(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: Application Type

Indicate the type of application by putting a "✓" in the appropriate box.

CRWP Certification Application

☐ **Hong Kong**

☐ **Macao**

Eligibility:

☐ Completed the training programme and passed the examinations for the Core and Professional Levels (**Modules 1 - 7** of ECF on Retail Wealth Management); or

☐ Possessing ECF Affiliate of CRWP;

and

- Possessing **at least 2 years** of relevant work experience accumulated **within 4 years** immediately prior to the date of application, but does not need to be continuous; and
- Employed by an AI under the HKMA / any statutory body supervised by the AMCM at the time of application.

Section C: Relevant Employment History

List all the relevant employment history in the RWM 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 (p.AP1-AP2).

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?	☐ 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

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

1st Year Certification Fee for CRWP *(Membership valid until 31 December 2026 [1])*

☐ Not a HKIB member	HKD2,230 [2]
☐ Current and valid HKIB Ordinary member	HKD2,230 [2]
☐ Current and valid 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 "CRWP 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 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 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 Retail Wealth Management" (RWM-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 (Professional Level)** fulfilling the requirements as stipulated for certification application
- ☐ Copy of your RWM M7 examination result
- ☐ 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 **Date**

(Name:)

Certification Application Form

for ECF on Retail Wealth Management (Professional Level)

HR Department Verification Form on Employment Information for RWM Practitioner

Important Notes:

1. A completed Certification Application Form for ECF on Retail Wealth Management (Professional Level) should contain p.1-6 plus this **HR Verification Annex (Professional Level)** form(s) (p.AP1-AP2).
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)*	☐ Role 1 – Frontline Customer Relationship and Retail Wealth Management *(fill in p.AP2)* ☐ Role 2 – Risk Management and Control *(fill in p.AP2)*
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 appropriate box(es).

Key Roles/Responsibilities	Please "✓" where appropriate
☐ **Role 1 – Frontline Customer Relationship and Retail Wealth Management**	
1. Perform "Know Your Customer" (KYC) procedures for client on-boarding and regular profile update	
2. Perform product suitability analysis and recommend suitable products to retail customers	
3. Explain key features, structures and risks of insurance, investment and wealth management products /solutions to retail customers	
4. Manage customer relationships in accordance with the bank's service	
5. Act ethically and ensure compliance with regulatory requirements and internal policies and procedures	
6. Work closely with relevant parties to ensure timely and accurate execution of transactions, and conduct regular review of the performance of customers' asset portfolios	
7. Keep abreast of the development of retail wealth management industry and economic conditions and product knowledge for meeting ongoing job requirements	
8. Dealing in and advising on securities	
☐ **Role 2 – Risk Management and Control**	
1. Monitor and review KYC processes and customer risk profiling mechanism	
2. Oversee product suitability assessments, front line selling practices, and specific policies, procedures and controls to ensure front line staff recommend insurance, investment products and wealth management solutions that are suitable for their customers, having regard to customers' individual circumstances	
3. Perform continuous review of the risk ratings assigned to customers, make revisions to the risk ratings as appropriate and alert customers to such changes in a timely manner	
4. Ensure ethical behaviors and compliance with regulatory requirements and internal policies and procedures	
5. Manage customer relationships including handling of escalated complaint cases in relation to retail wealth management business	
6. Ensure frontline staff are equipped with sufficient and relevant training on products and compliance	

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-RWM (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.