

Section B: Application Type

Please indicate the certification applied for by putting a "✓" in the appropriate box.

CRWP Certification Application

☐ Hong Kong

☐ Macao

Eligibility:

- ☐ Have completed **Modules 1 - 7** of the ECF on Retail Wealth Management (Core and Professional Levels) training programme and passed the examinations; or
- ☐ Possessing the ECF Affiliate of CRWP designation;

and

- Possessing **at least 2 years** of relevant work experience in a retail wealth management and/or the relevant functions **within 4 years** immediately prior to the date of application for certification, but it 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

Please list all the relevant employment history in the RWM or related function in **reverse chronological order**. Work experience does not need to be continuous. For Professional Level applications, a **separate HR Verification Annex (Professional 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 (Professional 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 CRWP (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="width: 30%; 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 "CRWP Certification" under 'remarks' and email together with the completed application form to cert.gf@hkib.org. ☐ Credit Card ☐ Visa ☐ Mastercard Card No: <table border="1" style="display: inline-table; width: 40px; height: 25px; vertical-align: middle;"></table> - <table border="1" style="display: inline-table; width: 40px; height: 25px; vertical-align: middle;"></table> - <table border="1" style="display: inline-table; width: 40px; height: 25px; vertical-align: middle;"></table> - <table border="1" style="display: inline-table; width: 40px; height: 25px; vertical-align: middle;"></table> Expiry Date (MM/YY): <table border="1" style="display: inline-table; width: 30px; height: 25px; vertical-align: middle;"></table> / <table border="1" style="display: inline-table; width: 30px; height: 25px; vertical-align: middle;"></table> 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 Retail Wealth Management” (RWM-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 (Professional Level)** form(s), fulfilling the requirements as stipulated for certification application
- ☐ Copy of your HKID/Passport
- ☐ Copy of your ECF-RWM examination results
- ☐ 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 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 include p.1-7 plus the relevant **HR Verification Annex (Professional Level)** form(s) (p.AP1-AP2).
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.

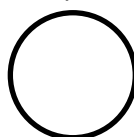
Employment Information	
Name of the Applicant:	
HKID/Passport Number:	
Job Number (as stated in Section C on p.2):	Current/Job no:
Position/Functional Title:	
Name of Employer:	
Business Division/Department:	
Employment Period of the Stated Position/Functional Title: (DD/MM/YYYY)	From: To:
Key Roles/Responsibilities 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 (<i>fill in p.AP2</i>) ☐ Role 2 – Risk Management and Control (<i>fill in p.AP2</i>)
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.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
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.