

Received on:

Acknowledged on:

Application no:

Certification Application Form for Certified Operational Risk Management Professional (CORP)

Important notes:

1. The application is applicable for the **Relevant Practitioner (RP)** engaged by an Authorized Institutions (AI) at the time of application.
2. Applicant should complete the professional level training module (**Module 4**) of ECF on Operational Risk Management and obtained a pass in the relevant examination of the module on top of the Core Level qualification; and possessing at least 5 years' relevant work experience in ORM.
3. Read carefully the "Guidelines of Certification Application for ECF-ORM" (ORM-G-022) **BEFORE** completing this application form.
4. 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 <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/ Job Title:	Department:	
Office Address ⁴ :		
Academic and Professional Qualifications		
Highest Academic Qualification Obtained:	University/ Tertiary Institution/ College:	Date of Award:
Other Professional Qualifications:	Professional Bodies:	

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: Relevant Employment History

List all the relevant employment history in the operational 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 (CORP)** 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
Job 5			From To
Job 6			From To

Total relevant work experience: _____ year(s) _____ month(s)
 Total number of **HR Verification Annex (CORP)** form submitted: _____

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?	<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	
1st Year Certification Fee for CORP (<i>Early Bird rate, membership valid until 31 December 2025</i>)*	
<input type="checkbox"/> Not a HKIB member	HKD1,880
<input type="checkbox"/> <u>Current and valid</u> HKIB Ordinary member	HKD1,880
<input type="checkbox"/> <u>Current and valid</u> HKIB Professional member	Waived
* Professional Member excluded. Professional member will be required to renew the membership in 2025	
Payment Method	
<input type="checkbox"/> Paid by Employer <ul style="list-style-type: none"> <input type="checkbox"/> Company Cheque (Cheque No: _____) <input type="checkbox"/> Company Invoice (_____) 	
<input type="checkbox"/> A Cheque/ e-Cheque made payable to “ The Hong Kong Institute of Bankers ” (Cheque No. _____). For e-Cheque, please state “CORP Certification” under ‘remarks’ and email together with the completed application form to cert.gf@hkib.org .	
<input type="checkbox"/> Credit Card <ul style="list-style-type: none"> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard 	
Card No:	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </div>
Expiry Date (MM/YY):	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> <div style="border: 1px solid black; width: 30px; height: 25px;"></div> </div>
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.

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 Institute 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-ORM” (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 (CORP)** fulfilling the requirements as stipulated for certification application
- Copy of your ORM M4 examination result
- 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 Certified Operational Risk Management Professional (CORP)**

HR Department Verification Form (Professional Level) on Employment Information for ORM Practitioner

- Important notes:**
1. A completed Certification Application Form for CORP should contain p.1-6 plus this **HR Verification Annex (CORP)** 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 B of p.2):	Current/Job no:
Position/Functional title:	
Name of Employer:	
Business Division/Department:	
Employment Period of the Stated Position /Functional Title: <i>(DD/MM/YYYY)</i>	From: To:
Key Roles/responsibilities in Relation to the Stated Position/Functional Title: <i>(Tick the appropriate box(es); Application will be processed based on the role(s) ticked)</i>	<input type="checkbox"/> Role 1 – Operational Risk Management <i>(fill in p.AP2-3)</i> <input type="checkbox"/> Role 2 – Business Function Risk and Control <i>(fill in p.AP3-4)</i>
Total Time Spent in carrying “Role 1” or “Role 2” function in the Stated Position	_____Years _____Months

Please declare the “Key Roles/Responsibilities” in relation to your position/functional title stated on **p.AP1** of **this HR Verification Annex (CORP)** form by ticking the appropriate box(es).

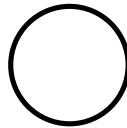
Key Roles/ Responsibilities	Please “✓” where appropriate
<input type="checkbox"/> Role 1 – Operational Risk Management	
1. Manage operational risks and formulate, review and update operational risk policies, guidelines, processes and procedures throughout the AI	
2. Develop and review comprehensive policies and procedures for crisis management, including but not limited to factors triggering a crisis, escalation mechanisms, involvement of relevant functions, and external and internal approaches to handling the crisis	
3. Initiate, manage and execute risk governance, internal controls and processes with the overall objective of operational risk management, control awareness and enhancement to operational efficiency. Ensure full compliance with policies and regulatory requirements	
4. Maintain oversight and monitoring of the operational risk management system and the quality of the generated operational loss data	
5. Conduct operational risk control self-assessments (i.e. bottom up process to identify and evaluate risks and associated controls), or analyse and challenge the self-assessment results if the self-assessments are conducted by Role 2 (whichever is applicable)	
6. Conduct operational risk assessments to identify, assess, review, monitor and mitigate operational risks (i.e. top down assessment of the inherent risk and any controls that may exist in all existing or new material products, processes and systems) based on the AI’s own defined operational risk strategy and risk appetite	
7. Perform both qualitative and quantitative monitoring and reporting of the AI’s exposure to all types of operational risk, including trend analysis of risk profiles and review of the limits of operational risk regulatory and economic capital	
8. Identify compliance and internal control issues	
9. Execute operational risk monitoring duties and escalate incidents and operational risk events to senior management	
10. Report to senior management the proposed remedial actions of operational risk assessments and monitor the ongoing progress of remedial actions	
11. Report and escalate operational risk events/ incidents in a timely manner and monitor issue resolution to ensure timely responses are provided	
12. Compile operational risk reports, dashboards and metrics for management reporting	
13. Undertake scenario analysis/ assessment to identify potential operational losses and monitor operational risk profiles and material exposures to losses on an on-going basis	
14. Develop and evaluate effectiveness of business continuity and disaster recovery strategy	

Key Roles/ Responsibilities	Please “✓” where appropriate
15. Provide practical recommendations on the remedial actions to be taken to address operational risk events, assess the quality and appropriateness of remedial actions identified and seek to improve the overall operational risk management process for the AI	
16. Manage completion of follow-up actions (e.g. further investigation) relating to operational risk events identified during the operational risk assessment process	
17. Conduct operational due diligence to ensure that operational risk management has been appropriately considered and implemented for new products and services, including thematic reviews of operational risk management	
18. Advise business units on operational risk management issues	
19. Undertake consistent liaison and collaboration with: <ul style="list-style-type: none"> • Internal departments such as legal, human resources, information technology and finance on operational risk related topics • Operational risk management subject matter experts (e.g. IT, Conduct, Fraud, Outsourcing, Data Privacy) • Internal audit and external audit 	
20. Promote positive risk culture and risk awareness across the AI	
21. Conduct training sessions on operational risk for staff, including content review and training delivery	
<input type="checkbox"/> Role 2 – Business Function Risk and Control	
1. Conduct operational risk control self-assessments within business functions (i.e. bottom up process to identify and evaluate risks and associated controls), where applicable	
2. Conduct operational risk assessments to identify, assess, review, monitor and mitigate operational risks within the business function (i.e. top down assessment of the inherent risk and any controls that may exist)	
3. Implement operational risk management and control strategies within the business function as set out by the AI’s global risk and compliance functions. Ensure full compliance with policies and regulatory requirements	
4. Analyse business impact of different kinds of disasters or crisis	
5. Implement and maintain operational risk tools, dashboards and metrics to identify, analyse and mitigate operational risk within the business function	
6. Develop operational risk control measures	
7. Assist management in maintaining oversight on key operational risks, controls and enhancement initiatives and ensure effective and efficient internal controls and practices are in place	
8. Facilitate the testing of relevant controls as a part of the annual test plan and business continuity plan when required	
9. Identify compliance and internal control issues within business functions	
10. Conduct operational risk monitoring duties and escalate incidents and risk events to operational risk management unit and senior management	

Key Roles/ Responsibilities	Please "✓" where appropriate
11. Report to senior management and operational risk management unit the progress of remedial actions of operational risk assessments	
12. Report and escalate operational risk events/ incidents within business functions in a timely manner and monitor issue resolution to ensure timely responses are provided	
13. Manage and provide oversight of completion of follow-up and remedial actions (e.g. further investigation) relating to operational risk events identified during the operational risk assessment process	
14. Assist management in maintaining oversight on key operational risks, controls and enhancement initiatives and ensure effective and efficient internal controls and practices are in place	
15. Liaise and coordinate with other control functions on standards and regulatory interpretation, and operational risk and control activities	
16. Monitor completion of follow-up and remedial actions relating to operational risk incidents and events	
17. Monitor and review the limits of operational risk regulatory and economic capital	
18. Promote positive risk culture and risk awareness in different business units	
19. Play an active role in training sessions on operational risk for staff, including content review and training delivery	

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 progress of the
“Grandfathering/Examination/Certification/Exemption application for ECF-ORM (Professional Level)”

to _____ (*applicant’s bank name*) for HR and Internal Record.

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 results of a module/designation and award(s) achieved.
2. Original copy of this signed authorisation form must be submitted to the HKIB. Electronic or photocopied signatures are not acceptable.
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.