

Received on:

Acknowledged on:

Application no:

Certification Application Form for Associate Compliance Professional (ACOP)

Important Notes:

1. The application is applicable for the **Relevant Practitioner (RP)** engaged by an Authorized Institutions (AI) at the time of application
2. Completed Module 1 to Module 3 of ECF on Compliance Core Level training programme and passed the examinations.
3. Read carefully the " Guidelines of Certification Application for ECF-Compliance" (COM-G-022) **BEFORE** completing this application form.
4. Only the **completed application form** with all valid supporting documents, including the HR Verification Annexes will be processed.

Section A: Personal Particulars¹

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)</i> <i>(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:	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: 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 C: Payment

Payment Amount																					
1st Year Certification Fee for ACOP (<i>Early Bird rate, membership valid until 31 December 2025*</i>)																					
<input type="checkbox"/> Not currently 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																				
*Current 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 “ACOP 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:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Expiry Date (MM/YY):	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Name of Cardholder (as on credit card):	_____																				
Signature of Cardholder (as on credit card):	_____																				

Section D: 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)
<input type="checkbox"/> Approved / <input type="checkbox"/> Rejected by:	_____ (Staff Name)	_____ (Date)
Remarks: _____		

Section E: Acknowledgement and Declaration

- I declare that all information I have provided in this form is true and correct.
- I understand that the fee paid are 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 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 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 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-Compliance" (COM-G-022).

Document Checklist

To facilitate the application process, please check the following items before submitting them to the HKIB. Failure to submit the documents may cause delays or termination of the 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 (ACOP)** fulfilling the requirements as stipulated for certification application
- Copy of your compliance M1-M3 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

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**Certification Application Form
for Associate Compliance Professional (ACOP)**

HR Department Verification Form on Employment Information for Compliance Practitioner

Important Notes:

1. A completed Certification Application Form for (ACOP) should contain p.1-5 plus this **HR Verification Annex (ACOP)** form(s) (p.AC1-AC3).
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 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 – General Compliance <input type="checkbox"/> Role 2 – Investment and Insurance Compliance
Total Time Spent for the above Specified Functional Roles 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 (ACOP)** form by ticking the appropriate box(es).

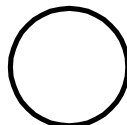
Key Roles/ Responsibilities	Please “√” Where Appropriate
<input type="checkbox"/> Role 1 - General Compliance <input type="checkbox"/> Role 2 - Investment and Insurance Compliance	
1. Assist in drafting, revising and updating the AI’s compliance policies, procedures, guidelines and compliance related documents to ensure congruence with its legal and regulatory obligations and the AI’s internal requirements	
2. Assist in performing compliance testing and other reviews according to the compliance monitoring programmes to ensure the AI’s compliance with applicable legal and regulatory requirements, and codes of conduct	
3. Assist in performing compliance assessments and reviews on business activities as mandated by the compliance function to identify, assess and monitor compliance risk and mitigate any conduct and reputational risk issues	
4. Assist in compiling reports on compliance related matters and/or transactions monitoring to senior management	
5. Conduct initial analysis and facilitate the investigation of suspicious activities and report any possible breaches of laws and regulations in business activities	
6. Conduct initial investigation of non-compliance issues and monitor the status of remedial actions taken	
7. Assist in providing general advice on laws, rules and standards to the business units and senior management	
8. Assist in drafting, revising and updating whistleblowing policies and procedures for identifying and reporting potential and actual non-compliance issues	

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

Key Roles/ Responsibilities	Please “√” Where Appropriate
9. Maintain regular communication and interaction with operational risk, market risk and credit risk colleagues to understand current areas of heightened operational risk, market risk and credit risk. Assist line managers in maintaining these relationships to ensure a coordinated approach to managing risk in the organisation	
10. Assist in liaising with local regulators on a regular basis to ensure open lines of communication, maintain reporting obligations and handle requests	
11. Handle information requests from local regulators and coordinate with respective business units in responding to regulatory enquiries	
12. Perform research and gap analysis on key legal and regulatory changes both in Hong Kong and relevant overseas jurisdictions	
13. Prepare training materials on compliance related matters and assist in providing training to business departments/operation units in Hong Kong	

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 progress of the
“Grandfathering/Examination/Certification/Exemption application for ECF-Compliance (Core 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.