



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

Certification Application Form for Certified Banker (CB)

Important Notes:

This form is used to declare your work experience for the certification application of:

"Certified Banker (Stage I)", "Certified Banker Stage II", "Certified Banker" or "Certified Banker Macao (Stage I)".

- 1. To be qualified, you are required to meet the following requirements:
 - a. fulfil the completion requirements of the designated qualification; and
 - b. meet the required banking or finance related work experience
 - (Maximum 1 year accumulated FULL- TIME internship in banking or finance related experience will also be considered).
- 2. To maintain this professional qualification status in the coming years, you are required to:
 - a. maintain your HKIB professional membership; and
 - b. fulfil the HKIB Continuing Professional Development (CPD) requirements

Section A: Personal Particulars 1

Title: \square Mr \square Ms \square Dr \square	Prof	HKIB Member:	
		☐ Yes	□ No
		(Membership No.)	
Name in English ² :		Name in Chinese ² :	
(Surname) (Given Name)			
HKID/Passport Number:		Date of Birth: (DD/MM/YYYY)	
Contact Information			
(Primary) Email Address ³ :		Mobile Phone Number:	
(Secondary) Email Address:			
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/Terf	tiary Institution/College:	Year of Award:
Other Professional Qualifications:	Professional Bo	odies:	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: Indication of Certification Applied

Indicate the certification applied by putting a "\sqrt" in the appropriate box.

Type of	Eligibility		
Professional Qualification			
☐ Certified Banker (Stage I)	Obtained Advanced Diploma for Certified Banker; and		
☐ Hong Kong	Possessed at least 1 year of relevant work experience in banking or		
☐ Macao	finance*.		
☐ Certified Banker (Stage II)	Obtained Professional Diploma for Certified Banker; and		
	Possessed at least 2 years of relevant work experience in banking or		
	finance*.		
☐ Certified Banker (CB)	Obtained Postgraduate Diploma in Credit/Treasury/Operations		
	Management for Certified Banker; and		
	Possessed at least 3 years of relevant work experience in banking or		
	finance*.		

^{(*} Maximum 1 year accumulated FULL- TIME internship in banking or finance related experience will also be considered.)

Section C: Work Experience

To provide proof of your work experience, you may have your current employment be certified by your employer, and/or provide supporting document(s) of your previous employment or full-time internship programme. (*Please indicate by putting a " \sqrt^" in the appropriate box*).

Part 1: Current Employment (to be completed by the employer)

This is to certify that Mr/Ms/Dr/F	rof			
(ID No.:) has been in our employment from	(DD/MM/YYYY)	to _	(DD/MM/YYYY)
His/Her current Position/Function	nal Title is:			
under Division/Department of:				
of (Name of Current employer):				
Authorised Signature & Compar	y Chop [Date		
Name:				
Division/Department:				
Position/Functional Title:				
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Section C: Work Experience (Continued)

Please indicate by putting a "\sqrt{" in the appropriate box.

Part 2: Previous Work Experience (if applicable) ☐ I confirm my previous work experience as stated below was banking or finance related and I have provided the certified true copies of supporting document(s) (e.g. reference letters).			
Name of Previous Employer (1):			
Position/Functional Title:	Division/Department:		
From (DD/MM/YYYY):	To (dd/mm/yyyy):		
Name of Previous Employer (2):			
Position/Functional Title:	Division/Department:		
From (DD/MM/YYYY):	To (dd/mm/yyyy):		
Part 3: Full-time Internship Work Experience (if applicable) ☐ I would like to submit my full-time internship experience as stated below as work experience. I have provided the certified true copies of supporting documents, including reference letters and details of the internship programme.			
☐ I confirm my full-time internship experience was banking or finance related with 1 year of accumulated internship experience.			
Name of Previous Employer:			
Position/Functional Title:	Division/Department:		
From (DD/MM/YYYY):	To (pp/mm/yyyy):		

The applicant should submit all relevant supporting documents for his/her previous work experience (i.e. reference letters, etc.) together with this form. Only certified true copies of the documents are accepted.





Section D: Declaration Related to Disciplinary Actions, Investigations for Non-compliance and Financial Status

Put a " \checkmark " 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

Payı	ment Amount		
1st Y	ear Certification	Fee for CBI/CBII/CB or CBI (Macao)	
(Ме	mbership valid ເ	intil 31 December 2025)	
	□ Not a HKIE	3 Member	HKD2,180 *
	□ Current ar	d valid HKIB Ordinary Member	HKD950 *
	□ Current ar	nd valid HKIB Professional Member	Waived
		re includes a complimentary CPD course (up to 3 hours) that supports your profession ore details of the CPD course, please contact our Customer Experience Team.	onal growth and
Payı	ment Method		
	Paid by Employ	er	
		Cheque (Cheque No:)	
		Invoice ()	
		heque made payable to "The Hong Kong Institute of Banke	ers" (Cheque No.
		For e-Cheque, please state "CB Certification" under "rem	· · · · ·
	together with t	he completed application form to cert.gf@hkib.org .	
	Credit Card		
	□ Visa		
	□ Mastercar	d	
	Card No:		
	Expiry Date (M	V/YY):	
	Name of Cardh	older (as on credit card):	
	Signature of Ca	rdholder (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 <u>Privacy Policy Statement</u> 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: <u>cs@hkib.org</u>

☐ 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 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 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 <u>Privacy Policy Statement</u> 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.

<u>Document Checklist</u>
cilitate the application process, please check the following items before submitting to the HKIB. Failure lbmit the documents may cause delays or termination of application. Please " \checkmark " the appropriate box(es).
All necessary fields on this application form filled in including your signature Copy of your HKID/Passport
Certified true copies of all relevant supporting documents of Previous &/or Full-time Internship work experience $^{\rm 5}$
Payment or evidence of payment enclosed (e.g. cheque or completed Credit Card Payment Instructions)

5. Submitted copies of documents to the HKIB must be certified as true copies of the originals by:

- The HKIB staff; or
- HR/authorised staff of current employer (Authorized Institution); or
- A recognised certified public accountant/lawyer/notary public; or
- Associateship/Fellowship of Chartered Governance Hong Kong.

The certifier must sign and date the copy document (printing his/her name clearly in capital letter underneath) and clearly indicate his/her position on it. The certifier must state that it is a true copy of the original (or words to similar effect).

Signature of Applicant	Date
(Name:)

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Authorisation for Disclosure of Personal Information to a Third Party

l,			, (name	of applic	<i>cant)</i> he	reby
authorise The Hong Kong Institute of	Bankers (HKIB)	to disc	close my resu	ults and pr	ogress of	the
"Examination/Certification/Exemption	application	for	Certified	Banker	(CB)"	to
	(applica	nt's ban	nk name) for I	HR and Inte	rnal Reco	rd.
Signature		HKIB M	embership No	o./HKID No	*	
Dete		C t t	Dia a a Na			
Date		COMITACL	Phone No.			

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.

Last updated: 10 January 2025

^{*}The HKIB Membership No./HKID No. is needed to verify your identity. We may also need to contact you concerning the authorisation.