

Received on:

Acknowledged on:

Application no:

Certification Application Form for Associate Credit Risk Management Professional (ACRP)

Important notes:

1. The application is only for the **Relevant Practitioner** engaged by an Authorized Institutions (AIs) at the time of application **ONLY**.
2. Read carefully the "Guidelines of Certification Application for ECF-CRM" (CRM-G-022) **BEFORE** completing this application form.
3. Only **completed application form** with all valid supporting documents, including the HR verification forms, 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) (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 Qualification		
Highest Academic Qualification Obtained:	University/ Tertiary Institution:	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: Application Types

ACRP Certification Application
<p>Eligibility:</p> <ul style="list-style-type: none"> Completed Module 1 – 3 trainings and passed the examinations or with relevant approved exemption for the Professional Certificate for ECF on Credit Risk Management (CRM); and 1 year’s relevant work experience within 3 years immediately prior to the date of application for certification, but does not need to be continuous; and Employed by an AI at the time of application.

Section C: Relevant Employment History

List all the relevant employment history in the credit 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 (ACRP)** form (p.AC1-AC4).

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

Total relevant work experience: _____ year(s) _____ month(s)
 Total number of **HR Verification Annex (ACRP)** 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?	<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 E: Payment

Payment amount																	
1st Year Certification Fee for ACRP (<i>valid until 31 December 2024</i>)																	
<input type="checkbox"/> Not currently a HKIB member	HKD1,800																
<input type="checkbox"/> <u>Current and valid</u> HKIB Ordinary member	HKD620																
<input type="checkbox"/> <u>Current and valid</u> HKIB Professional member	Waived																
Total amount: HKD _____																	
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 “ACRP 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"/> Master 																	
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></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></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></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></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 (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 of which 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 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 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.
- I authorise HKIB to obtain the relevant authorities to release, any information about my qualifications and/or employment as required for my application.
- I acknowledge that HKIB has the right to withdraw approval of grandfathering and/ or certification status 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 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 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-CRM” (CRM-G-022).

Document Checklist

To facilitate the application process, please check the following items before submitting to 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 fulfilling the requirements as stipulated for certification application
- 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 Associate Credit Risk Management Professional (ACRP)**

HR Department Verification Form on Employment Information for CRM Practitioner

Important notes:

1. A completed Certification Application Form for ACRP should contain p.1-6 plus this **HR Verification Annex (ACRP)** form(s) (p.AC1-AC4).
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 of p.2):	Current/Job no:
Position/Functional title:	
Name of employer:	
Business division/department:	
Employment period of the <u>stated</u> position /functional title: (DD/MM/YYYY)	From: To:
Key roles/responsibilities in relation to the <u>stated</u> position/functional title: (Tick the appropriate box(es); Application will be processed based on the role(s) ticked)	<input type="checkbox"/> Role 1 – Credit Initiation and Appraisal (<i>fill in p.AC2</i>) <input type="checkbox"/> Role 2 – Credit Evaluation, Approval and Review (<i>fill in p.AC3</i>) <input type="checkbox"/> Role 3 – Credit Risk Management and Control (<i>fill in p.AC4</i>)
Total number of years and months of carrying credit function in the <u>stated</u> position	_____years _____months

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

Key Roles/Responsibilities	Please “√” where appropriate
<input type="checkbox"/> Role 1 – Credit Initiation and Appraisal	
1. Assist in performing credit initiation of commercial lending within established policies	
2. Assist in assessing borrowers’ credit and financial information for preparing credit proposals	
3. Assist in evaluating the borrowers’ information relating to industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc.	
4. Assist in assessing borrowers’ credit ratings	
5. Assist in assessing other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc.	
6. Assist in monitoring borrowers’ accounts	
7. Assist in assessing whether the terms and conditions of the credit facilities can meet the financing need of borrowers	
8. Assist in assessing whether the covenants, conditions and triggers are sufficient and effective for ongoing monitoring	
9. Assist in assessing factors related to risk-adjusted returns/ costing assessment	

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

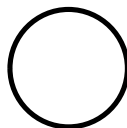
Key Roles/Responsibilities	Please “✓” where appropriate
<input type="checkbox"/> Role 2 – Credit Evaluation, Approval and Review	
1. Assist in assessing and analysing collected information about prospective corporate clients, for example: <ul style="list-style-type: none"> • <i>Industry environment, revenue, financial condition, economic situation, legal situation, project evaluation, debt service capacity, etc.</i> 	
2. Assist in assessing the credit and financial strength of the corporate borrowers to determine clients’ creditworthiness and acceptable levels of credit exposure in accordance with credit policies and relevant regulations. <ul style="list-style-type: none"> • Assist in assessing corporate borrowers’ credit ratings (e.g. based on internal or external ratings)/ loan classification • Assist in assessing quality of collateral and verifying its values as well as cost of selling the collateral, taking into account the type of collateral, economic situation, seniority of claim, etc. • Assist in assessing other types of risk mitigations and comforts • Assist in assessing other credit risk related information or documents such as the source of cash flows, repayment cash flow pattern, level of exposure, etc. 	
3. Assist in assessing application of funds	
4. Assist in assessing credit limit for approval	
5. Assist in assessing factors related to risk-adjusted returns/ costing assessment	
6. Assist in setting credit covenants	
7. Assist in following up with loan officers/ account managers	

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

Key Roles/Responsibilities	Please “√” where appropriate
<input type="checkbox"/> Role 3 – Credit Risk Management and Control	
1. Assist in formulating and reviewing credit policies, procedures and methodologies	
2. Assist in monitoring accounts on a day-to-day basis to identify changes in clients’ financial condition and capacity to repay the outstanding debts	
3. Assist in performing analysis on credit limits and monitoring credit portfolios	
4. Assist in performing assessment and gap analysis according to regulatory and management requirements regarding calculations of risk indicators such as probability of default, loss given default, exposure at default, etc.	
5. Assist in performing assessment and gap analysis according to regulatory and management requirements regarding calculations of portfolio performance indicators such as risk weighted assets, risk adjusted returns, regulatory and/ or economic capital requirements	
6. Assist in general review of and providing feedback for enhancement of internal credit rating systems	
7. Assist in handling the recovery and work-out of problem loans/ deteriorating credit	
8. Assist in performing stress testing analysis, scenario analysis, and other types of portfolio analysis	
9. Assist in preparing analytical reports to management	

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 applicant’s employer (where the organisation has a record of this information).



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 results for ECF-CRM (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.