

Received on:

Acknowledged on:

Application no:

## Certification Application Form for Certified AML Professional (CAMLPA)

### Important Notes:

1. The application is applicable for **Relevant Practitioner (RP)** engaged by an Authorized Institution (AI) at the time of application.
2. Read carefully the "Guidelines of Certification Application for AAMLPA/CAMLPA" (AML-G-022) **BEFORE** completing this application form.
3. Only **completed application form** with all valid supporting documents, including the HR Verification Annexes will be processed.

### Section A: Personal Particulars<sup>1</sup>

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: <sup>2</sup>  <i>(Surname)</i> <i>(Given Name)</i>	Name in Chinese: <sup>2</sup>	
HKID/ Passport Number:	Date of Birth: <i>(DD/ MM/ YYYY)</i>	
<b>Contact Information</b>		
(Primary) Email Address <sup>3</sup> :  (Secondary) Email Address:	Mobile Phone Number:	
Correspondence Address:		
<b>Employment Information</b>		
Name of Current Employer:	Office Telephone Number:	
Position/ Job Title:	Department:	
Office Address: <sup>4</sup>		
<b>Academic and Professional Qualification</b>		
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: Indication of Application Type

Indicate the type of application by putting a "✓" in the appropriate box.

<b>CAMLPL Certification Application</b>
<p><b>Eligibility*:</b> <input type="checkbox"/> Option I:</p> <ul style="list-style-type: none"> <li>• Completed the Professional Certificate for ECF-AML/CFT training programme and passed the corresponding examination; and</li> <li>• Possessing at least 3 years of relevant AML/CFT work experience; and</li> <li>• Employed by an AI at the time of application.</li> </ul> <p><input type="checkbox"/> Option II:</p> <ul style="list-style-type: none"> <li>• Holder of the Certified Anti-Money Laundering Specialist Certification or International Diploma in AML awarded by the Association of Certified Anti-Money Laundering Specialists and the International Compliance Association; and</li> <li>• completed the bridging training programme and passed the examination offered by the HKIB in collaboration with HKU SPACE; and</li> <li>• Possessing at least 3 years of relevant AML/CFT work experience; and</li> <li>• Employed by an AI at the time of application.</li> </ul>

## Section C: Relevant Employment History

List all the relevant employment history in the AML/ CFT or related function in **reverse chronological order**. Work experience does not need to be continuous. Each position listed requires a **separate HR Verification Annex (CAMLPL)** form for Professional Level.

Job Number	Employer	Position	Employment Period for the position (DD/MM/YYYY)
<b>Current</b>			From To
<b>Job 2</b>			From To
<b>Job 3</b>			From To
<b>Job 4</b>			From To

Total relevant work experience: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

Total number of **HR Verification Annex (CAMLPL)** 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).

<p>1. Have you ever been reprimanded, censured, disciplined by any professional or regulatory authority?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>5. Have you ever been adjudged bankrupt, or served with a bankruptcy petition?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**Section E: Payment**

Payment Amount	
1st Year Certification Fee for CAMLP ( <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
* Current Professional Member excluded. Professional Member is required to renew membership in 2025.	
Payment method	
<input type="checkbox"/> Paid by Employer <ul style="list-style-type: none"> <li><input type="checkbox"/> Company Cheque (Cheque No: _____)</li> <li><input type="checkbox"/> Company Invoice (_____)</li> </ul>	
<input type="checkbox"/> A cheque/ e-Cheque made payable to <b>“The Hong Kong Institute of Bankers”</b> (Cheque No. _____). For e-Cheque, please state <b>“CAMLP Certification”</b> under <b>“remarks”</b> and email together with the completed application form to <a href="mailto:cert.gf@hkib.org">cert.gf@hkib.org</a> .	
<input type="checkbox"/> Credit Card <ul style="list-style-type: none"> <li><input type="checkbox"/> Visa</li> <li><input type="checkbox"/> Mastercard</li> </ul>	
Card No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date (MM/YY):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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. 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](mailto: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 G: 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 AAML/CAML” (AML-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 (CAML)** fulfilling the requirements as stipulated for certification application
- Certified true copies of your HKID/Passport <sup>5</sup>
- Certified true copies of your certificate(s)<sup>5</sup> and official results of your bridging programme
- 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 recognized 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).

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**Signature of Applicant**

(Name: \_\_\_\_\_ )

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**Date**

## Certification Application Form for Certified AML Professional (CAMLP)

### HR Department Verification Form on Employment Information for AML/CFT Practitioner

**Important Notes:**

1. A completed Certification Application Form for CAMLP should contain p.1-6 plus this **HR Verification Annex (CAMLP)** form(s) (p.AP1-AP3).
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	
<b>Name of the Applicant:</b>	
<b>HKID/Passport Number:</b>	
<b>Job Number (as stated in Section C of p.2):</b>	<b>Current/Job no:</b>
<b>Position/Functional Title:</b>	
<b>Name of Employer:</b>	
<b>Business Division/Department:</b>	
<b>Employment Period of Stated Functional Title/ Position:</b> <i>(DD/MM/YYYY)</i>	From:  To:
<b>Total Times Spent in the stated AML/CFT Compliance Position</b>	_____ Years _____ Months
<b>Work Location</b>	<input type="checkbox"/> Hong Kong <input type="checkbox"/> Others, please specify: _____

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

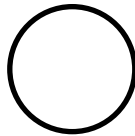
Key Roles/ Responsibilities	Please “✓” where Appropriate
1. Develop, implement and periodically review the AML/CFT compliance risk management framework and the related controls for identification, management, monitoring and reporting of AML/CFT compliance risks and issues (including the operation of AML/CFT systems)	
2. Review, analyse and communicate AML/CFT management information such as trends surrounding suspicious transactions/ filed Suspicious Transaction Reports (STR) and sanctions screening hits. Report results of AML/CFT risk management reviews and identify key areas of improvements. Monitor remedial actions for identified weak AML/CFT controls that require corrective actions	
3. Evaluate and communicate new laws and regulations and stay abreast of all legislative and regulatory developments relating to AML/CFT, both at local and international levels	
4. Review suspicious activity that has been investigated and concluded as reportable and file STRs to the Joint Financial Intelligence Unit (JFIU) in accordance with regulatory requirements	
5. Plan periodic compliance tests on the bank’s AML/CFT program against compliance testing policies, procedures and regulations	
6. Provide guidance and training to business units on AML/CFT related matters, including but not limited to transaction monitoring, filtering, sanctions screening, trade based money laundering and correspondent banking	
7. Reassess the risk rating of the client and consider whether the discontinuance and reputational risks that may arise as a result of the suspicious transaction	



<b>Key Roles/ Responsibilities</b>	Please "✓" where appropriate
8. Communicate and collaborate with internal and external stakeholders effectively to drive for actions on suspicious transactions and enhancement of AML/CFT practices in the bank	
9. Other Key Roles/ Responsibilities related to AML/CFT compliance work (please specify):  _____	

**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**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_

**Date**

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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 on AML/CFT (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.