



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

Certification Application Form for ECF on Retail Wealth Management (ECF-RWM) (Professional Level)

Important notes:

- 1. The application is applicable for the **Relevant Practitioner (RP)** engaged by <u>an Authorized Institution (AI) under the Hong Kong Monetary Authority (HKMA)</u> / <u>any statutory body supervised by the Monetary Authority of Macao (AMCM)</u> at the time of application.
- 2. Read carefully the "Guidelines for Certification Application for ECF on Retail Wealth Management" (RWM-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 ¹

Title:	☐ Mr	☐ Ms	□ Dr [□ Prof	HKIB Member:	□ No			
					(Membership No.)	LINO			
Name ir	n English ² :				Name in Chinese ² :				
(Surname)	(Given Name)							
HKID/ P	assport Num	ber:			Date of Birth: (DD/MM/YYYY)				
Contact	Information	1							
(Primary	y) Email Add	ress ³ :			Mobile Phone Number:				
(Cocond	and Email A	ddrocci							
(Second	ary) Email A	uuress.							
Corresp	ondence Ado	dress:							
Employ	ment Inform	ation							
	f Current Em				Office Telephone Number:				
Position	/Functional [*]	Title:			Department:				
Office A	ddress ⁴ :								
Office A	uuress .								
Academ	ic and Profe	ssional Qualifica	ation						
Highest Academic Qualification Obtained:		University/Ter	ity/Tertiary Institution/College: Year of Award						
Other Professional Qualifications:				Professional B	odies:	Year of Award:			
2									

- 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 <u>Primary Email Address</u> (Personal email preferred).
- ${\it 4. Provide if not the same as the correspondence address above.}$





Section B: Application Type

Indicate	the type of application by putting a " v " in the appropriate box.
CRWP	Certification Application
	Hong Kong
	Macao
Eligi	bility:
•	Completed the training modules and passed the examinations for the Core and Professional Levels (Modules 1 - 7 of ECF on Retail Wealth Management); and
•	Possessing at least 2 years of relevant work experience accumulated within 4 years immediately prior to the date of application, but does not need to be continuous; and
•	Employed by an AI under the HKMA / any statutory body supervised by the AMCM at the time of application.

Section C: Relevant Employment History

List all the relevant employment history in the RWM or related function in <u>reverse chronological order</u>. Work experience does not need to be continuous. Each position listed requires a <u>separate</u> HR Verification Annex (Professional Level) form (p.AP1-AP2).

Job Number	Employer	Position	Employment Period for the Position (DD/MM/YYYY)
Current			From
			То
Job 2			From
			То
Job 3			From
			То
Job 4			From
			То

Total relevant work experience: _	Year(s)	Month(s)
Total number of HR Verification Annex (Profess	ional Level) form submitte	ed:





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

Pay	ment Amount	
Indi	cate the fee by putting a "✓" in the appropriate box.	
4 St 34	(and Contification For for CDIMP	
	Year Certification Fee for CRWP Embership valid until 31 December 2025)	
(1110		
	Not a HKIB member	HKD2,180 *
	Current and valid HKIB Ordinary member	HKD950 *
Ш	Current and valid HKIB Professional member	Waived
	1st Year Certification Fee includes a complimentary CPD course (up to 3 hours) that supports your	
	progression. For more details of the CPD course, please contact our Customer Experience Team. ment Method	
	Paid by Employer	
_		,
	☐ Company Cheque (Cheque No:)
	Company Invoice ()
	A cheque/e-Cheque made payable to "The Hong Kong Institute of Bank	kers" (Cheque No.
). For e-Cheque, please state "CRWP Certification" under	'remarks' and email
	together with the completed application form to cert.gf@hkib.org .	
	Credit Card	
	□ Visa	
	☐ Mastercard	
	Card No: - -	-
	Expiry Date (MM/YY):	
	Name of Cardholder (as on credit card):	
	Name of Calundider (as off Cledit Calu).	
	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 <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: 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.

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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 <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.
- I have read and agreed to comply with the "Guidelines of Certification Application for ECF on Retail Wealth Management" (RWM-G-022).

Failu	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).									
	Copy of your RWM M7 examination result									
	1, , , , , ,									
Sign	nature of Applicant I	Pate								
(Nar	ame:))								





Certification Application Form

for ECF on Retail Wealth Management (Professional Level)

HR Department Verification Form on Employment Information for RWM Practitioner

Important Notes:

- 1. A completed <u>Certification Application Form for ECF on Retail Wealth Management (Professional Level)</u> should contain p.1-6 plus this **HR Verification Annex (Professional Level)** form(s) (p.AP1-AP2).
- 2. Fill in <u>ONE</u> set of HR Verification Annex form for <u>EACH</u> 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 on p.2):	Current/Job no:					
Position/Functional Title:						
Name of Employer:						
Business Division/Department:						
Employment Period of the Stated	From:					
Position/Functional Title:						
(DD/MM/YYYY)	То:					
Key Roles/Responsibilities in Relation to the Stated Position/Functional Title: (Tick the appropriate box(es); Application will be processed based on the role(s) ticked)	 □ Role 1 – Frontline Customer Relationship and Retail Wealth Management (fill in p.AP2) □ Role 2 – Risk Management and Control (fill in p.AP2) 					
Total Time Spent for the above Specified Functional Role(s) in the Stated Position	Year(s)Month(s)					





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

	Key Roles/Responsibilities	Please "√" where appropriate
	Role 1 – Frontline Customer Relationship and Retail Wealth Management	
1.	Perform "Know Your Customer" (KYC) procedures for client on-boarding and regular profile update	
2.	Perform product suitability analysis and recommend suitable products to retail customers	
3.	Explain key features, structures and risks of insurance, investment and wealth management products /solutions to retail customers	
4.	Manage customer relationships in accordance with the bank's service	
5.	Act ethically and ensure compliance with regulatory requirements and internal policies and procedures	
6.	Work closely with relevant parties to ensure timely and accurate execution of transactions, and conduct regular review of the performance of customers' asset portfolios	
7.	Keep abreast of the development of retail wealth management industry and economic conditions and product knowledge for meeting ongoing job requirements	
8.	Dealing in and advising on securities	
	Role 2 – Risk Management and Control	
1.	Monitor and review KYC processes and customer risk profiling mechanism	
2.	Oversee product suitability assessments, front line selling practices, and specific policies, procedures and controls to ensure front line staff recommend insurance, investment products and wealth management solutions that are suitable for their customers, having regard to customers' individual circumstances	
3.	Perform continuous review of the risk ratings assigned to customers, make revisions to the risk ratings as appropriate and alert customers to such changes in a timely manner	
4.	Ensure ethical behaviors and compliance with regulatory requirements and internal policies and procedures	
5.	Manage customer relationships including handling of escalated complaint cases in relation to retail wealth management business	
6.	Ensure frontline staff are equipped with sufficient and relevant training on products and compliance	

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

١,									(nan	ie of app	licant) hereby a	autho	orise
The	Hong	Kong	Institute	of	Bankers	(HKIB)	to	disclose	my	results	and	progress	of	the
"Gra	ndfathe	ering/E	xaminatio	n/Ce	ertification	n/Exemp	otion	application	on fo	r ECF-RV	VM (P	rofession	al Le	vel)'
to _							(арр	licant's bo	ank n	ame) for	HR ar	ıd Interna	ıl Red	cord.
Sigi	nature						-	HKIB Mei	mber	ship No.,	/HKID	No.*		
							-							
Dat	e							Contact F	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.

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