

COMPETENCY VALIDATION ASSESSMENT (CVA)

This application form is only for the **Mar 2019 intake** and the exam will be on **9&10 Mar 2019**.

PLEASE COMPLETE IN BLOCK CAPITALS

APPLICATION SUBMISSION

- Your application will only be processed upon receipt of the full documentations and payment. Please refer to Section 14 for more details on the documents required.
- Complete this form and e-mail it to AICB via cvapec@aicb.org.my by 16th Nov 2018
- For further enquiries, please email to cvapec@aicb.org.my

1 MEMBERSHIP (please tick where applicable)

- I am an Existing AICB member. My membership No is _____ (your membership status must be "ACTIVE" otherwise, please renew your membership via Membership Portal prior to applying for CVA).
- I am applying for AICB membership.

2 APPLICATION

I wish to apply for the following Competency Validation Assessment (CVA) (please select one):

Foundation Level

- CVA - Certified Credit Executive (CCE)
- CVA - Certification in AML/CFT (CAML)
- CVA - Certification in Regulatory Compliance (CRC)

Intermediate Level

- CVA - Business Credit Professional (BCP)
- CVA - Retail Credit Professional (RCP)
- CVA - Bank Risk Management (BRM)
- CVA - Certification for Bank Auditors (CBA)
- CVA - Advanced Certification in AML/CFT (ACAML)
- CVA - Advanced Certification in Regulatory Compliance (ACRC)

Indicate CVA eligibility through one of the following routes:

- Professional Qualification offered by Professional Bodies (eg. FRM, CIA)
- Financial Institution Internal Certification Programme offered by Employer
- Other Specialised Certification offered by external training providers (eg. Omega)

Name of Programme

3 PERSONAL DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Others	_____
Full Name as per NRIC/Passport (Name to be printed on Certificate)				
Primary Email				
Secondary Email				
Identification Type	<input type="checkbox"/> NRIC (for Malaysian)	<input type="checkbox"/> Passport No / National Identity No (for non-Malaysian)		
Identification/Passport Number				
Date of Birth				
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
Nationality				
Primary Phone		IDD	Area Code	Number
Office Phone		IDD	Area Code	Number
Home Phone		IDD	Area Code	Number

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4 PERMANENT ADDRESS

Home Address Line 1	
Home Address Line 2	
City	
Postal Code	
State	
Country	

5 EDUCATION

Highest Qualification	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Masters <input type="checkbox"/> Professional <input type="checkbox"/> SPM/SPMV/SM3/O-Level <input type="checkbox"/> STPM/A-Level/Matriculation		
Awarding Body	Qualification Level	Award Date/Year Of Completion	Qualification Name
	<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Masters <input type="checkbox"/> Professional <input type="checkbox"/> SPM/SPMV/SM3/O-Level <input type="checkbox"/> STPM/A-Level/Matriculation		

6 EMPLOYMENT

Employer	
Position Level	<input type="checkbox"/> Executive <input type="checkbox"/> Fresh /Entry Level <input type="checkbox"/> Middle Management <input type="checkbox"/> Non Executive <input type="checkbox"/> Senior Management <input type="checkbox"/> Top Management
Department	<input type="checkbox"/> Audit <input type="checkbox"/> Compliance <input type="checkbox"/> Corporate Banking <input type="checkbox"/> Credit <input type="checkbox"/> Finance <input type="checkbox"/> Human Resource (HR) <input type="checkbox"/> Information Technology <input type="checkbox"/> Insurance <input type="checkbox"/> Investment <input type="checkbox"/> Islamic Banking <input type="checkbox"/> Marketing <input type="checkbox"/> Operations and Support <input type="checkbox"/> Project Management <input type="checkbox"/> Retail Banking <input type="checkbox"/> Risk Management <input type="checkbox"/> Treasury <input type="checkbox"/> Wealth Management <input type="checkbox"/> Others
Total In Banking Experience (In Years)	<input type="checkbox"/> No experience <input type="checkbox"/> Below 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> 11 to 15 years <input type="checkbox"/> 16 to 20 years <input type="checkbox"/> Above 20 years
Designation	

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7 ADDITIONAL INFORMATION

Years In Credit / Risk / Audit / AML/CFT / Compliance (circle where appropriate) Function With Current Employer	<i>years</i>
Years In Credit / Risk / Audit / AML/CFT / Compliance (circle where appropriate) Function With Previous Employer	<i>years</i>
Years In Credit / Risk / Audit / AML/CFT / Compliance (circle where appropriate) Experience (In Years)	<input type="checkbox"/> No experience <input type="checkbox"/> Below 2 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> 11 to 15 years <input type="checkbox"/> 16 to 20 years <input type="checkbox"/> Above 20 years
Line Manager's Name	
Line Manager's Designation	
Line Manager's Email	
Line Manager's Phone	IDD Area Code Number

8 WORK EXPERIENCE

Work Title	Employer Name	Years Of Service	Key Responsibilities
		<input type="checkbox"/> >5Years <input type="checkbox"/> 0-1Years <input type="checkbox"/> 1-2Years <input type="checkbox"/> 2-3Years <input type="checkbox"/> 3-5Years	
		<input type="checkbox"/> >5Years <input type="checkbox"/> 0-1Years <input type="checkbox"/> 1-2Years <input type="checkbox"/> 2-3Years <input type="checkbox"/> 3-5Years	

9 OFFICE ADDRESS

Address Line 1	
Address Line 2	
City	
Postal Code	
State	
Country	

10 CORRESPONDENCE ADDRESS

Correspondence Address	<input type="checkbox"/> Home Address <input type="checkbox"/> Office Address <input type="checkbox"/> Others
Address Line 1	
Address Line 2	
City	
Postal Code	
State	
Country	

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11 BANK'S INTERNAL CERTIFICATION PROGRAMME CONFIRMATION OF COMPLETION

I confirm the above-named applicant has completed the Bank's Internal Certification Programme which has been accredited by Finance Accreditation Agency (FAA).

Programme Name : _____
Duration of Programme (days) : _____
FAA Level of Programme : Basic Intermediate Advanced Others
FAA Reference Number : _____
FAA Accreditation Validity : _____

Authorised Signature

Name

Date

Designation

12 RECOMMENDATION BY CEO

I confirm the above-named applicant is currently in the following specialised function and recommend the applicant to be enrolled into the Competency Validation Assessment (CVA) Programme.

Credit Risk Management Internal Audit AML/CFT Compliance

CEO/Designated Representative's Signature

Name

Date

13 PAYMENT

I agree to pay the following fees:

- Affiliate Membership Fee – RM60.00 (for new Membership only)
- Competency Validation Assessment (CVA) Programme Fee which consist of the online materials and one exam sitting – RM1,500.00

Notes:

a) Bank-sponsored

- Completed Section (A) below and AICB will liaise with your Bank's L&D for the payment.

b) Self-sponsored

- Complete Section (B) below and credit the fees into AICB account via Interbank GIRO/IBG fund transfer. The beneficiary details are as follows:

Payment Details	
Beneficiary Name	Asian Institute of Chartered Bankers
Beneficiary Bank Account No	0-14084-223041
Beneficiary Bank Swiftcode	MBBEMYKL
Beneficiary Bank Name	Malayan Banking Berhad

- Proof of payment must be attached with this form once Interbank GIRO/IBG transactions have been made.
- If your application is unsuccessful, the full fees will be refunded to you.

Below is the payment method to settle the above fees.

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SECTION A

- Sponsored by my employer.
(Please obtain approval from the L&D Head on the sponsorship by completing the information below)
We agree to sponsor the above staff for the Competency Validation Assessment if the application is approved.

Signature

Contact Number

Name

Email address

Date

SECTION B

- I have paid via Interbank GIRO/IBG. Following are the payment details:

Payment Date : _____

GIRO/IBG Reference No. : _____

The below details are required in the event of refund if your application is unsuccessful.

Account Name : _____

Account No : _____

Bank's Name : _____

14 DOCUMENTS

Below are the documents required:

Professional Qualification/Specialised Certification

- Photocopy of identification document/passport; AND
- Certificate of the Professional Qualification / Specialised Certification

If the above documents are not in English or Bahasa Malaysia, they must be accompanied by translation of the documents which is done by a certified translator. The credentials and contact information of the certified translator must be stated.

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15 DECLARATION

I enclosed with this application the following document(s) (tick where applicable):

- Photocopy of identification document/passport
- Certificate of Completion: Professional Qualification / Specialised Certification / Bank's Internal Certification Programme
(Delete whichever not applicable)

In submitting this form, I acknowledge and understand my agreement to the following statements:

(Please tick each item in the declaration to indicate that you have read and agreed to the statement)

- I have never been convicted of a criminal offence and there are no charges pending against me.
- I am clear from any bankruptcy order made by the Court.
- I have never been subjected to disciplinary proceedings by a professional body or association.

Personal Data Protection Act 2010 ("PDPA")



PDPA.pdf

"Asian Institute of Chartered Bankers" shall ensure that the collection, use and disclosure of your personal data are consistent with the Malaysian Personal Data Protection Act 2010 ("PDPA").

- I acknowledge that the personal data collected and processed is obtained voluntarily with my consent.
- I have read and understood the PDPA.

Information

- I declare that the information provided in this application form is correct and true.

Signature

Name

Date

For AICB use only

Received By: _____

Date Received: _____

Date Escalated: _____

- | <u>Application Status</u> | <u>Date</u> | <u>Route</u> |
|--------------------------------------|-------------|--|
| <input type="checkbox"/> Approved | _____ | <input type="checkbox"/> Professional Qualification |
| <input type="checkbox"/> Disapproved | _____ | <input type="checkbox"/> FI Internal Certification Programme |
| | | <input type="checkbox"/> Other Specialised Certification |