

PRIOR EXPERIENCE CONVERSION PROGRAMME (PEC)

This application form is only for the **Mar 2019** intake.

PLEASE COMPLETE IN BLOCK CAPITAL

APPLICATION SUBMISSION

- a) 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.
- b) Complete this form and e-mail it to AICB via cvapec@aicb.org.my by 9 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 Prior Experience Conversion Programme (PEC) (please select one):

- PEC - Credit PEC - AML/CFT
- PEC - Internal Audit PEC - Compliance
- PEC - Risk Management

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
Correspondence Address	Address Line 1			
	Address Line 2			
	City			
	Postal Code			
	State			

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4 EDUCATION

Highest Qualification Certificate Diploma Degree Doctorate Masters
 Professional SPM/SPMV/SM3/O-Level STPM/A-Level/Matriculation

Qualification Name	Awarding Body	Award Date/Year Of Completion

5 EMPLOYMENT

Employer			
Designation			
Position Level	<input type="checkbox"/> C-Suite	<input type="checkbox"/> C-1 (C-Suite minus 1)	<input type="checkbox"/> C-2 (C-Suite minus 2)
Department	<input type="checkbox"/> Audit <input type="checkbox"/> AML/CFT <input type="checkbox"/> Compliance <input type="checkbox"/> Financial Crime Compliance (FCC)	<input type="checkbox"/> Credit <input type="checkbox"/> Corporate Banking <input type="checkbox"/> Wealth Management <input type="checkbox"/> Others	<input type="checkbox"/> Retail Banking <input type="checkbox"/> Risk Management
Total In Banking Experience (In Years)	<input type="checkbox"/> 15 to 17 years	<input type="checkbox"/> 18 to 20 years	<input type="checkbox"/> Above 20 years
Total Years In Credit / Risk / Audit / AML/CFT / Compliance (circle where appropriate) Function	_____ years		
Office Address	Address Line 1		
	Address Line 2		
	City		
	Postal Code		
	State		

6 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 Prior Experience Conversion Programme (PEC).

Credit Risk Management Internal Audit AML/CFT Compliance

CEO/Designated Representative's Signature

Name

Date

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9 DECLARATION

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

- Photocopy of identification document/passport
- Curriculum Vitae highlighting precise description of job duties, achievements and competencies for each position
- Organisation chart showing applicant's position

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") – Refer to Appendix 1

"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: _____

Application Status

Date

Approved

Disapproved