

# PRIOR EXPERIENCE CONVERSION PROGRAMME (PEC)

This application form is only for the Sep 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](mailto:cvapec@aicb.org.my) by 12 April 2019
- For further enquiries, please email to [cvapec@aicb.org.my](mailto: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			
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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## 7 PAYMENT

I agree to pay the following fees:

- Affiliate Membership Fee – RM60.00 (for new Membership only)
- Prior Experience Conversion Programme (PEC) Fee – RM1,500.00 (subject to 6% Service Tax)

Below is the payment method to settle the above fees.

### SECTION A – Bank-sponsored

- Complete this Section and AICB will liaise with your Bank's L&D for the payment.

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 – Self-sponsored

- Complete this Section 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.

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 : \_\_\_\_\_

## 8 DOCUMENTS

Below are the documents required:

- Photocopy of identification document/passport (for new Member only); AND/OR
- Curriculum Vitae highlighting precise description of job duties, achievements and competencies for each position; AND
- Organisation chart showing applicant's position

If 5 years in C-1 position is accumulated from different organisations, please include verification / confirmation of this information from the respective organisation.

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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