

KYC FORM - CREDIT FACILITIES

**PART A**

This part is to be completed by the Front Office (e.g. Sales Personnel)

(Please indicate N/A to questions that are not applicable. However, those marked with \* are mandatory)

**CUSTOMER PROFILE:**

* 1. Name	Phsar Big A Co., Ltd.						
* 2. Contact Number	N/A						
• Fixed Line	(855) 95 898 789						
• Mobile							
3. Correspondence / Business Address	No. 12 (Paragon Market), Street 214, Chey Chamas Commune, C						
Post Code	N/A						
* 4. Country of Origin	Cambodia						
5. Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only)	No						
* 6. Occupation Description / Nature of Business	Wholesale of sugar, SMG, and daily consumer Thai products						
7. Business Type :	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others (please specify)						
8. Business Registration No & Registration Date	Co.10633 KH/2007						
9. Employer's Name	N/A						
10. Employer's Address	N/A						
11. Monthly Income / Combined Income (USD) (For Individual Only)	439,671.10						
12. If low margin of advance, is the differential sum identified to be from legal source? (Please tick the appropriate column)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please specify)						
Note: Low MOA is MOA below 80%. If answer is NO, do not proceed.							
* 13. Expected number of transaction in Savings And/ or Current Account (both facility/ non Facility) in a month (Please tick the appropriate column)	<input checked="" type="checkbox"/> 01 to 10 <input type="checkbox"/> 11 to 50 <input type="checkbox"/> 51 to 100 <input type="checkbox"/> Over 100						
* 14. Expected total Debit and Credit in a month	<table border="0"> <tr> <td>N/A</td> <td>Total Debit</td> <td>Total Credit</td> </tr> <tr> <td><input type="checkbox"/> LOW (No. of cash Trnx &lt; 50 or Total aggregate &lt; USD100K)</td> <td><input type="checkbox"/> MEDIUM (No. of cash Trnx &lt; 50 and Total aggregate &gt; USD100K)</td> <td><input type="checkbox"/> HIGH (No. of cash Trnx &gt; 50 and total aggregate &gt; USD100K)</td> </tr> </table>	N/A	Total Debit	Total Credit	<input type="checkbox"/> LOW (No. of cash Trnx < 50 or Total aggregate < USD100K)	<input type="checkbox"/> MEDIUM (No. of cash Trnx < 50 and Total aggregate > USD100K)	<input type="checkbox"/> HIGH (No. of cash Trnx > 50 and total aggregate > USD100K)
N/A	Total Debit	Total Credit					
<input type="checkbox"/> LOW (No. of cash Trnx < 50 or Total aggregate < USD100K)	<input type="checkbox"/> MEDIUM (No. of cash Trnx < 50 and Total aggregate > USD100K)	<input type="checkbox"/> HIGH (No. of cash Trnx > 50 and total aggregate > USD100K)					
15. Is customer activity relatively low cash Intensive. (For Business Entity Only)							
16. Expected total Turnover in a month (For Business entity only)	4,000,000						
17. Existing or New Account (Please tick the appropriate column)	<input type="checkbox"/> Existing A/C No: _____ <input checked="" type="checkbox"/> New						
18. Account Type	<input type="checkbox"/> Savings <input checked="" type="checkbox"/> Current <input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Others (please specify)						
* 19. Was there verification that the collateral is Not ill gotten?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

**PREPARED BY:**

Officer Name &  
Designation

Chhun Sotheary  
BSM

Signature &  
Date

29-06-2017

Concurred by (Name) &  
Designation

Nhim Borey  
BM

Signature &  
Date

29-06-2017

# KYC FORM – CREDIT FACILITIES

## PART B

This part is to be completed by the Back Office Procuring Team  
(Please indicate N/A to questions that are not applicable)

### RISK SCORING:

On assigning the score, kindly use

☐ 1 Yes

☐ 2 No

or

☐ N/A Not Applicable

Note: if score is 2 please specify the reason in remark column

### RISK SCORING:

No.	Question	Score	Remark
<b>For All Categories</b>			
1.	Is customer (Individual/ Business) a resident?	1	
2.	Has the purpose of the credit application/account opening been clearly identified?	1	
3.	Is the occupation/business classified as low risk? (Please refer – Risk category High Risk Business)	1	
4.	Is the source of income & repayment identifiable and is from their occupation/ business (not illegal business)?	1	
5.	If there is a guarantor, is the guarantor's background checked for AML purposed and PEP?	1	
6.	What type of collateral offered? (Please use the score below)		
	<input type="checkbox"/> 1 Land/ Building <input type="checkbox"/> 2 Other (please specify) <input type="checkbox"/> 3 Fixed Deposit/ Cash Margin	1	
7.	Was there verification that the collateral is not ill gotten?	1	
8.	Are you comfortable with the individual customer/business integrity and reputation?	1	
<b>For Corporation/ Commercial Only</b>			
9.	Is the director/shareholders background checked for AML purpose and PEP?	1	
10.	Is the director/shareholders known <b>not</b> to be involved in any illegal/ immoral activities?	1	
11.	Is the customer's activity relatively low cash intensive?	1	
<b>Total Score</b>			

### CONCLUSION:

Risk category:

(Please provide the scoring and tick the appropriate column)

**11**

Scoring

**LOW**

• Risk Score (For Consumer): **LOW HIGH**

**6 to 8**

**LOW**

**9 and above**

**HIGH**

• Risk Score (For Corporate & Commercial):

**9 to 14**

**LOW**

**15 and above**

**HIGH**

Is the customer's expected transaction profile in line with customer profile/source of fund/source of wealth details obtained?  
(Please tick the appropriate column)

☒ Yes

☐ No

### PREPARED BY:

Officer Name &  
Designation

Mr. Sok Ratanak  
Assistant Manager

Signature &  
Date

29-06-2017

Concurred by (Name) &  
Designation

Mr. Chiv Hak  
Senoir Manager

Signature &  
Date

29-06-2017

KYC FORM - CREDIT FACILITIES

**PART A**

This part is to be completed by the Front Office (e.g. Sales Personnel)  
(Please indicate N/A to questions that are not applicable. However, those marked with \* are mandatory)

**CUSTOMER PROFILE:**

* 1. Name	Mdm. Chan Sarun						
* 2. Contact Number	N/A						
• Fixed Line	(855) 95 898 789						
• Mobile	No. 12 (Paragon Market), Street 214, Chey Chamas Commune, C						
3. Correspondence / Business Address	N/A						
Post Code	Cambodia						
* 4. Country of Origin	No						
5. Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only)	Owner of Phsar Big A Co., Ltd.						
* 6. Occupation Description / Nature of Business	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others (please specify)						
7. Business Type :	Co.10633 KH/2007						
8. Business Registration No & Registration Date	N/A						
9. Employer's Name	N/A						
10. Employer's Address	439,671.10						
11. Monthly Income / Combined Income (USD) (For Individual Only)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please specify)						
12. If low margin of advance, is the differential sum identified to be from legal source? (Please tick the appropriate column)	<input checked="" type="checkbox"/> 01 to 10 <input type="checkbox"/> 11 to 50 <input type="checkbox"/> 51 to 100 <input type="checkbox"/> Over 100						
<b>Note: Low MOA is MOA below 80%. If answer is NO, do not proceed.</b>							
* 13. Expected number of transaction in Savings And/ or Current Account (both facility/ non Facility) in a month (Please tick the appropriate column)	<table border="0"> <tr> <td>N/A</td> <td>Total Debit</td> <td>Total Credit</td> </tr> <tr> <td><input type="checkbox"/> LOW (No. of cash Trnx &lt; 50 or Total aggregate &lt; USD100K)</td> <td><input type="checkbox"/> MEDIUM (No. of cash Trnx &lt; 50 and Total aggregate &gt; USD100K)</td> <td><input type="checkbox"/> HIGH (No. of cash Trnx &gt; 50 and total aggregate &gt; USD100K)</td> </tr> </table>	N/A	Total Debit	Total Credit	<input type="checkbox"/> LOW (No. of cash Trnx < 50 or Total aggregate < USD100K)	<input type="checkbox"/> MEDIUM (No. of cash Trnx < 50 and Total aggregate > USD100K)	<input type="checkbox"/> HIGH (No. of cash Trnx > 50 and total aggregate > USD100K)
N/A	Total Debit	Total Credit					
<input type="checkbox"/> LOW (No. of cash Trnx < 50 or Total aggregate < USD100K)	<input type="checkbox"/> MEDIUM (No. of cash Trnx < 50 and Total aggregate > USD100K)	<input type="checkbox"/> HIGH (No. of cash Trnx > 50 and total aggregate > USD100K)					
* 14. Expected total Debit and Credit in a month	N/A						
15. Is customer activity relatively low cash Intensive. (For Business Entity Only)	<input type="checkbox"/> Existing A/C No. <input checked="" type="checkbox"/> New						
16. Expected total Turnover in a month (For Business entity only)	<input type="checkbox"/> Savings <input checked="" type="checkbox"/> Current <input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Others (please specify)						
17. Existing or New Account (Please tick the appropriate column)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
18. Account Type							
* 19. Was there verification that the collateral is Not ill gotten?							

**PREPARED BY:**

Officer Name & Designation

Chhun Sotheary  
BSM

Signature & Date

29-06-2017

Concurred by (Name) & Designation

Nhim Borey  
BM

Signature & Date

29-06-2017

# KYC FORM – CREDIT FACILITIES

## PART B

This part is to be completed by the Back Office Procuring Team

(Please indicate N/A to questions that are not applicable)

### RISK SCORING:

On assigning the score, kindly use

☐ 1 Yes

☐ 2 No

or

☐ N/A Not Applicable

Note: if score is 2 please specify the reason in remark column

### RISK SCORING:

No.	Question	Score	Remark
<b>For All Categories</b>			
1.	Is customer (Individual/ Business) a resident?	1	
2.	Has the purpose of the credit application/account opening been clearly identified?	1	
3.	Is the occupation/business classified as low risk? (Please refer – Risk category High Risk Business)	1	
4.	Is the source of income & repayment identifiable and is from their occupation/ business (not illegal business)?	1	
5.	If there is a guarantor, is the guarantor's background checked for AML purposed and PEP?	1	
6.	What type of collateral offered? (Please use the score below)		
	<input type="checkbox"/> 1 Land/ Building <input type="checkbox"/> 2 Other (please specify) <input type="checkbox"/> 3 Fixed Deposit/ Cash Margin	1	
7.	Was there verification that the collateral is not ill gotten?	1	
8.	Are you comfortable with the individual customer/business integrity and reputation?	1	
<b>For Corporation/ Commercial Only</b>			
9.	Is the director/shareholders background checked for AML purpose and PEP?	N/A	
10.	Is the director/shareholders known <b>not</b> to be involved in any illegal/ Immoral activities?	N/A	
11.	Is the customer's activity relatively low cash intensive?	N/A	
<b>Total Score</b>			

### CONCLUSION:

Risk category:

(Please provide the scoring and tick the appropriate column)

☐ 8 Scoring

**LOW**

• Risk Score (For Consumer): LOW HIGH

☐ 6 to 8 LOW

☐ 9 and above HIGH

• Risk Score (For Corporate & Commercial):

☐ 9 to 14 LOW

☐ 15 and above HIGH

Is the customer's expected transaction profile in line with customer profile/source of fund/source of wealth details obtained?  
(Please tick the appropriate column)

☒ Yes


☐ No

### PREPARED BY:

Officer Name &  
Designation

Mr. Sok Ratanak  
Assistant Manager

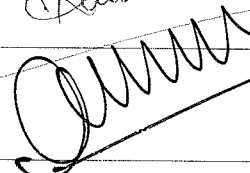
Signature &  
Date

  
29-06-2017

Concurred by (Name) &  
Designation

Mr. Chiv Hak  
Senoir Manager

Signature &  
Date

  
29-06-2017

KYC FORM - CREDIT FACILITIES

**PART A**

This part is to be completed by the Front Office (e.g. Sales Personnel)  
(Please indicate N/A to questions that are not applicable. However, those marked with \* are mandatory)

**CUSTOMER PROFILE:**

* 1. Name	Mr. Chan Vay						
* 2. Contact Number	N/A						
• Fixed Line	(855) 95 898 789						
• Mobile	No. 12 (Paragon Market), Street 214, Chey Chamas Commune, C						
3. Correspondence / Business Address	N/A						
Post Code	Cambodia						
* 4. Country of Origin	No						
5. Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only)							
* 6. Occupation Description / Nature of Business	Owner of Phsar Big A Co., Ltd.						
7. Business Type :	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others (please specify)						
8. Business Registration No & Registration Date	Co.10633 KH/2007						
9. Employer's Name	N/A						
10. Employer's Address	N/A						
11. Monthly Income / Combined Income (USD) (For Individual Only)	439,671.10						
12. If low margin of advance, is the differential sum identified to be from legal source? (Please tick the appropriate column)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please specify)						
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* 14. Expected total Debit and Credit in a month							
15. Is customer activity relatively low cash Intensive. (For Business Entity Only)	<table border="0"> <tr> <td>N/A</td> <td>Total Debit</td> <td>Total Credit</td> </tr> <tr> <td><input type="checkbox"/> LOW (No. of cash Trnx &lt; 50 or Total aggregate &lt; USD100K)</td> <td><input type="checkbox"/> MEDIUM (No. of cash Trnx &lt; 50 and Total aggregate &gt; USD100K)</td> <td><input type="checkbox"/> HIGH (No. of cash Trnx &gt; 50 and total aggregate &gt; USD100K)</td> </tr> </table>	N/A	Total Debit	Total Credit	<input type="checkbox"/> LOW (No. of cash Trnx < 50 or Total aggregate < USD100K)	<input type="checkbox"/> MEDIUM (No. of cash Trnx < 50 and Total aggregate > USD100K)	<input type="checkbox"/> HIGH (No. of cash Trnx > 50 and total aggregate > USD100K)
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<input type="checkbox"/> LOW (No. of cash Trnx < 50 or Total aggregate < USD100K)	<input type="checkbox"/> MEDIUM (No. of cash Trnx < 50 and Total aggregate > USD100K)	<input type="checkbox"/> HIGH (No. of cash Trnx > 50 and total aggregate > USD100K)					
16. Expected total Turnover in a month (For Business entity only)	N/A						
17. Existing or New Account (Please tick the appropriate column)	<input type="checkbox"/> Existing A/C No: <input checked="" type="checkbox"/> New						
18. Account Type	<input type="checkbox"/> Savings <input checked="" type="checkbox"/> Current <input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Others (please specify)						
* 19. Was there verification that the collateral is Not ill gotten?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

**PREPARED BY:**

Officer Name & Designation      Chhun Sotheary  
BSM

Signature & Date      29-06-2017

Concurred by (Name) & Designation      Nhim Borey  
BM

Signature & Date      29-06-2017

# KYC FORM – CREDIT FACILITIES

## PART B

This part is to be completed by the Back Office Procuring Team  
(Please indicate N/A to questions that are not applicable)

### RISK SCORING:

On assigning the score, kindly use ☐ 1 Yes ☐ 2 No or ☐ N/A Not Applicable  
Note: if score is 2 please specify the reason in remark column

### RISK SCORING:

No.	Question	Score	Remark
<b>For All Categories</b>			
1.	Is customer (Individual/ Business) a resident?	1	
2.	Has the purpose of the credit application/account opening been clearly identified?	1	
3.	Is the occupation/business classified as low risk? (Please refer – Risk category High Risk Business)	1	
4.	Is the source of income & repayment identifiable and is from their occupation/ business (not illegal business)?	1	
5.	If there is a guarantor, is the guarantor's background checked for AML purposed and PEP?	1	
6.	What type of collateral offered? (Please use the score below)		
	<input type="checkbox"/> 1 Land/ Building <input type="checkbox"/> 2 Other (please specify) <input type="checkbox"/> 3 Fixed Deposit/ Cash Margin	1	
7.	Was there verification that the collateral is not ill gotten?	1	
8.	Are you comfortable with the individual customer/business integrity and reputation?	1	
<b>For Corporation/ Commercial Only</b>			
9.	Is the director/shareholders background checked for AML purpose and PEP?	N/A	
10.	Is the director/shareholders known <b>not</b> to be involved in any illegal/ immoral activities?	N/A	
11.	Is the customer's activity relatively low cash intensive?	N/A	
<b>Total Score</b>			

### CONCLUSION:

Risk category: ☐ 8 Scoring **LOW**  
(Please provide the scoring and tick the appropriate column)

- Risk Score (For Consumer): **LOW** ☐ 6 to 8 **LOW** ☐ 9 and above **HIGH**
- Risk Score (For Corporate & Commercial): ☐ 9 to 14 **LOW** ☐ 15 and above **HIGH**

Is the customer's expected transaction profile in line with customer profile/source of fund/source of wealth details obtained?  
(Please tick the appropriate column)


☒ Yes ☐ No

### PREPARED BY:

Officer Name &  
Designation

Mr. Sok Ratanak  
Assistant Manager

Signature &  
Date

 29-06-2017

Concurred by (Name) &  
Designation

Mr. Chiv Hak  
Senoir Manager

Signature &  
Date

 29-06-2017