ឆខាគារ ទេ ទេខេ ខ៊ី ឥល្ស៊ូទៃលភា RHB♦Indochina Bank

KYC FORM - CREDIT FACILITIES		
PART A This part is to be completed by the Front Office (e. (Please indicate N/A to questions that are not applicable. However	.g. Sales Personnel) er, those marked with * are mandatory)	
CUSTOMER PROFILE:		
* 1. Name * 2. Contact Number • Fixed Line	: Mdm. Sam Ryna : N/A Till Teneral ten	
 Mobile Correspondence / Business Address Post Code * 4. Country of Origin 	: 012 47 82 47 : Ang Tasom Commune, Ang Tasom District, Takeo Pronvice : N/A : Cambodia	
 5. Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only) * 6. Occupation Description / Nature of Business 	: No S : Owner Thmor Sar 1 & 3 Restaurant and Guesthouse	
7. Business Type :	: Corporation Partnership V Sole Proprietorship Others (please specify)	
 8. Business Registration No & Registration Dat 9. Employer's Name 10. Employer's Address 11. Monthly Income / Combined Income (USD) 	: N/A : N/A	
(For Individual Only) 12. If low margin of advance, is the differential sum identified to be from legal source? (Please tick the appropriate column)	: V Yes No (please specify)	
* 13. Expected number of transaction in Savings And/ or Current Account (both facility/ non Facility) in a month (Please tick the appropriate co	: 🕠 01 to 10 💮 11 to 50 🦲 51 to 100 💮 Over 100	
 * 14. Expected total Debit and Credit in a month 15. Is customer activity relatively low cash Intensive. (For Business Entity Only) 	: \$7,143 Total Debit \$7,156 Total Credit LOW MEDIUM HIGH (No. of cash (No. of cash Trnx < 50 or Trnx < 50 and Trnx > 50 Total aggregate Total aggregate and total	
 Expected total Turnover in a month (For Business entity only) Existing or New Account 	<usd100k)< td=""> aggregate >USD100K) : USD100K) : N/A : New</usd100k)<>	
(Please tick the appropriate column) 18. Account Type	: Savings Current Fixed Deposit Others (please specify)	
* 19. Was there verification that the collateral is Not ill gotten?	: v Yes No	
PREPARED BY:		
Officer Name & Mr. Moeurn Chheleang Designation Senoir Executive Sale	Signature & 28-02-2018 Date	
Concurred by (Name) & Mr. Nhim Borey Designation Branch Manager	Signature & 28-02-2018	

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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)		
* 1. Name * 2. Contact Number • Fixed Line • Mobile 3. Correspondence / Business Address Post Code * 4. Country of Origin 5. Is Customer a Politically Exposed Person	: Mr. Chhay Sambath : N/A : 077 87 06 06 : Ang Tasom Commune, Ang Tasom District, Takeo Pronvice : N/A : Cambodia : No	
(PEP)? (For Non-Resident Only) * 6. Occupation Description / Nature of Business	Owner Thmor Sar 1 & 3 Restaurant and Guesthouse	
7. Business Type :	: Corporation Partnership v Sole Proprietorship Others (please specify) Family business	
 Business Registration No & Registration Date Employer's Name Employer's Address Monthly Income / Combined Income (USD) For Individual Only) 	: 17888/2016 (Patent) : N/A :	
 12. If low margin of advance, is the differential sum identified to be from legal source? (Please tick the appropriate column) Note: Low MOA is MOA below 80%. If answer is NO, do * 13. Expected number of transaction in Savings And/ or Current Account (both facility/ non 	: V 01 to 10 11 to 50 51 to 100 Over 100	
Facility) in a month (Please tick the appropriate column) * 14. Expected total Debit and Credit in a month) : \$7,143 Total Debit \$7,156 Total Credit	
15. Is customer activity relatively low cash Intensive. (For Business Entity Only)	LOW MEDIUM HIGH (No. of cash (No. of cash Trnx < 50 or Trnx < 50 and Trnx > 50 Total aggregate Total aggregate and total <usd100k)>USD100K) HIGH (No. of cash Trnx > 50 Trnx > 50 and total aggregate >USD100K)</usd100k)>	
16. Expected total Turnover in a month (For Business entity only)17. Existing or New Account	: N/A :	
(Please tick the appropriate column) 18. Account Type	; v Savings Current Fixed Deposit Others (please specify)	
* 19. Was there verification that the collateral is Not ill gotten?	Yes No	
PREPARED BY:		
Officer Name & Mr. Moeurn Chheleang Designation Senior Executive Sale	Signature & 28-02-2018 Date	
Mr. Nhim Borey Concurred by (Name) & Branch Manager Designation	Signature &	

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KYC FORM - CREDIT FACILITIES	
PART A This part is to be completed by the Front Office (e.g. Sale (Please indicate N/A to questions that are not applicable. However, those	es Personnel) e marked with * are mandatory)
CUSTOMER PROFILE:	
* 1. Name * 2. Contact Number • Fixed Line • Mobile 3. Correspondence / Business Address Post Code * 4. Country of Origin 5. Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only) * 6. Occupation Description / Nature of Business 7. Business Type;	: Mdm. Sok Savat : N/A : 080 555 000 : Ang Tasom Commune, Ang Tasom District, Takeo Pronvice : N/A : Cambodia : No : Owner of Guesthouse : Corporation Partnership
8. Business Registration No & Registration Date 9. Employer's Name 10. Employer's Address	Corporation Partnership V Sole Proprietorship Others (please specify) Family business. N/A N/A N/A
 11. Monthly Income / Combined Income (USD) (For Individual Only) 12. If low margin of advance, is the differential sum identified to be from legal source? (Please tick the appropriate column) 	: 8,000:00 : VYes No (please specify)
* 13. Expected number of transaction in Savings And/ or Current Account (both facility/ non Facility) in a month (Please tick the appropriate column)	: 01 to 10 11 to 50 51 to 100 Over 100
* 14. Expected total Debit and Credit in a month 15. Is customer activity relatively low cash Intensive. (For Business Entity Only)	Total Deblt SB Total Credit LOW MEDIUM HIGH (No. of cash (No. of cash Trnx < 50 or Trnx < 50 and Trnx > 50 Total aggregate Total aggregate and total < USD100K) SUSD100K) aggregate
 16. Expected total Turnover In a month (For Business entity only) 17. Existing or New Account (Please tick the appropriate column) 18. Account Type 	>USD100K) : N/A : Existing A/C No: : Savings
* 19. Was there verification that the collateral is Not ill gotten?	Yes No
PREPARED BY:	
Officer Name & Mr. Moeurn Chheleang Designation Senior Executive Sale	Signature & 28-02-2018
Concurred by (Name) & Mr. Nhim Borey Designation Branch Manager	Signature & 28-02-2018

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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 * 2. Contact Number • Fixed Line • Mobile	: Mr. Chhay Poch : N/A : 070 80 60 20	
 3. Correspondence / Business Address Post Code * 4. Country of Origin 5. Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only) 	Ang Tasom Commune, Ang Tasom District, Takeo Pronvice N/A Cambodia No	
* 6. Occupation Description / Nature of Business	: Owner of Guesthouse	
7. Business Type :	Corporation Partnership Sole Proprietorship Others (please specify) Family, business	
 Business Registration No & Registration Date Employer's Name Employer's Address Monthly Income / Combined Income (USD) (For Individual Only) 	: N/A : N/A : N/A : 8,000.00	
 If low margin of advance, is the differential sum identified to be from legal source? (Please tick the appropriate column) 	Yes No (please specify)	
* 13. Expected number of transaction in Savings And/ or Current Account (both facility/ non Facility) in a month (Please tick the appropriate column)	ot proceed. : 01 to 10 11 to 50 51 to 100 0ver 100	
* 14. Expected total Debit and Credit in a month	: N/A Total Debit Total Credit	
 Is customer activity relatively low cash Intensive. (For Business Entity Only) 	LOW MEDIUM HIGH (No. of cash (No. of cash) Trnx < 50 or Trnx < 50 and Trnx > 50 Total aggregate Total aggregate and total <usd100k)>USD100K) aggregate</usd100k)>	
16. Expected total Turnover in a month (For Business entity only)	>USD100K)	
17. Existing or New Account (Please tick the appropriate column)	: Existing A/C No: V New	
18. Account Type	: Savings Current Fixed Deposit Others (please specify)	
* 19. Was there verification that the collateral Is Not ill gotten?	; Yes No	
PREPARED BY:	;	
Officer Name & Mr. Moeurn Chheleang Designation Senior Executive Sale	Signature & 28-02-2018	
Concurred by (Name) & Mr. Nhim Borey Designation Branh Manager	Signature &	