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: Name : Mr. Sin Voun 2. Contact Number Fixed Line Mobile 081 331 616 Correspondence / Business Address No. 298, Mao Tse Tong Blvd., Boeung Salang, Toul Kork, PP Post Code Country of Origin Is Customer a Politically Exposed Person : No (PEP)? (For Non-Resident Only) Occupation Description / Nature of Business : Owner of Angkor Meas Phone Shop and rooms rental 7. Business Type: Corporation Partnership Sole Proprietorship v Others (please specify) Familiy Business Business Registration No & Registration Date : N/A Employer's Name N/A 10. Employer's Address N/A 11. Monthly Income / Combined Income (USD) : 24,957.75 (For Individual Only) 12. If low margin of advance, is the differential · v Yes No (please specify) sum identified to be from legal source? (Please tick the appropriate column) Note: Low MOA is MOA below 80%. If answer is NO, do not proceed. 13. Expected number of transaction in Savings : v 01 to 10 11 to 50 51 to 100 Over 100 And/ or Current Account (both facility/ non Facility) in a month (Please tick the appropriate column) 14. Expected total Debit and Credit in a month Total Credit N/A Total Debit MEDIUM HIGH 15. Is customer activity relatively low cash LOW Intensive (No. of cash (No. of cash (No. of cash (For Business Entity Only) Trnx < 50 or Trnx < 50 and Trnx > 50Total aggregate Total aggregate and total <USD100K) >USD100K) aggregate >USD100K) 16. Expected total Turnover in a month : N/A (For Business entity only) 17. Existing or New Account 2010002000032229 : v Existing A/C No: New (Please tick the appropriate column) 18. Account Type v Savings Current Fixed Deposit Others (please specify) 19. Was there verification that the collateral is : v Yes Not ill gotten? PREPARED BY: Ms. Chom Modita Officer Name & Signature & **BSM** Designation Date 26-05-2017 Mr. Keang Chanveasna Concurred by (Name) & Signature & 26-05-2017 BM Designation Date

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:

1 Yes

No

or

N/A Not Applicable

On assigning the score, kindly use Note: if score is 2 please specify the reason in remark column

RISK SCORING:

For All Categories 1. Is customer (Individual/ Bus 2. Has the purpose of the credit identified? 3. Is the occupation/business of the county identified?	application/account opening bee lassified as low risk? High Risk Business)	en clearly 1	
Has the purpose of the credit identified?	application/account opening bee lassified as low risk? High Risk Business)	en clearly 1	
identified?	lassified as low risk? High Risk Business)	en clearly 1	
3. Is the occupation/business c	High Risk Business)	1	
(Please refer - Risk category			
 Is the source of income & rep business (not illegal business 		their occupation/	
If there is a guarantor, is the purposed and PEP?	guarantor's background checked	d for AML N/A	
6. What type of collateral offere	ed? (Please use the score below)		
1 Land/ 2 O Building	and the state of t	xed Deposit/ 1 ash Margin	
7. Was there verification that th	ne collateral is not ill gotten?	1	
8. Are you comfortable with the reputation?	individual customer/business int	tegrity and	
For Corporation/ Commercial On	ly		
9. Is the director/shareholders	background checked for AML purp	pose and PEP? N/A	
10. Is the director/shareholders activities?	known not to be involved in any i	illegal/ immoral N/A	
11. Is the customer's activity rela	atively low cash intensive?	N/A	
	Total Score		

CONCLUSION:

Risk category:

Scoring

LOW

(Please provide the scoring and tick the appropriate column) · 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)

X Yes

No

PREPARED BY:

Officer Name & Designation

Mr. Sok Ratanak Assistant Manager

Signature &

Date

23 05-2017

Concurred by (Name) &

Designation

Mr. Chiv Hak

Senoir Manager

Signature & Date

23-05-2017

छक्षाना स १सङ हैं तंद्रपूरेंकराजा RHB♦Indochina Bank

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)

	cus	FOMER PROFIL	E		The second second		
*	1. 2.	Name Contact Numbe	er	: Mdm. Tang Sivkgech	1		
		 Fixed Lin 	e	1	and the same and another same same		
	2	• Mobile	(5)	: 012 802 272	trage programme engage en la co		
	3.	Correspondence Post Code	e / Business Address	: No. 298, Mao Tse To	ong Blvd., Boeung Salang, T	oul Kork, PP	
*	4.	Country of Orio	in	: Cambodia	الواليدي اليور فيل فيلي الدي فيل الدي يولي ويكن فيل العين الديانية الدين و عال المدافقين الدينا العد	Commence of the second control of the second	
	5.	-	Politically Exposed Person	: No	All the second s	. The second section of the second section is a second section of the second section of the second section of the second section secti	
		(PEP)? (For Non-					
*	6.	Occupation Des	scription / Nature of Business	: Owner of Angkor Meas Phone Shop and rooms rental			
	7.	Business Type	:	: Corporation	Partnership		
				Sole Proprietorsh	nip v Others (pleas Familiy Busin	1.1	
	8.		tration No & Registration Date	: N/A	Control of the Contro	erenini in Ceregoryana in a parada garya.	
	9.	Employer's Nar		: NA	and the second s	Control of the Contro	
		Employer's Add		: N/A	. The second	and the state of t	
		(For Individual Onl	* *	: 24,957.75		e de la companya de l	
	12.	sum identified t	f advance, is the differential to be from legal source?	: ˈv Yes	No (please sp	pecify)	
		(Please tick the app	· ·				
*	13		MOA below 80%. If answer is NO, do er of transaction in Savings		1 to 50 51 to 100	Over 100	
	10.		t Account (both facility/ non	. Nation of	1 10 30 223 31 10 100 2	Over 100	
			onth (Please tick the appropriate column)				
*	14.		Debit and Credit in a month	: N/A Total	Debit	otal Credit	
			ivity relatively low cash	LOW	MEDIUM	HIGH	
		Intensive.	,	(No. of cash	(No. of cash	(No. of cash	
		(For Business Entity	(Only)	Trnx < 50 or	Trnx < 50 and	Trnx > 50	
				Total aggregate	Total aggregate	and total	
				<usd100k)< td=""><td>>USD100K)</td><td>aggregate >USD100K)</td></usd100k)<>	>USD100K)	aggregate >USD100K)	
	16.	Expected total (For Business entity	Turnover in a month	: N/A		~03D100K)	
	17.	Existing or New		: v Existing A/C No:	2010002000032229	New	
		(Please tick the app	ropriate column)	somency	40000000000		
	18.	Account Type		: v Savings	Current		
				Fixed Deposit	Others (please specif	y)	
*	19.	Was there verifing Not ill gotten?	ication that the collateral is	; v Yes	No		
P	REP	ARED BY:					
	reversion de						
Ùf	ficer	Name &	Ms. Chom Modita	Signature &			
De	sign	ation	BSM	Date	26-05-20	017	
		red by (Name) 8		Signature &		~	
De	sign	ation	BM	Date	26-05-20	J17	

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

N/A Not Applicable

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

RISK SCORING:

No.	Question	Score	Remark
For A	II Categories		
1.	Is customer (Individual/ Business) a resident?	1	M
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?	N/A	
6.	What type of collateral offered? (Please use the score below)		
	1 Land/ 2 Other (please specify) 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?		
Far C	orporation/ Commercial Only		
9.	Is the director/shareholders background checked for AML purpose and PEP?	N/A	
10.	Is the director/shareholders known not to be involved in any illegal/ immoral activities?		
11.	Is the customer's activity relatively low cash intensive?		
	Total Score		

CONCLUSION:

Risk category	/	:
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(Please provide the scoring and tick the appropriate column)

Scoring

· 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)

X Yes

No

PREPARED BY:

Officer Name & Designation

Designation

Mr. Sok Ratanak Assistant Manager

Date

Signature &

23-05-2017

Concurred by (Name) &

Mr. Chiv Hak

Senoir Manager

Signature & Date

23-05-2017