

**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. Eung Maugkim
* 2. Contact Number	:	N/A
▪ Fixed Line	:	017 879 796
▪ Mobile	:	N/A
3. Correspondence / Business Address	:	N/A
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	:	Importer and wholesaler of construction material
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	:	N/A
9. Employer's Name	:	Mao Kimsean Trading Co., Ltd
10. Employer's Address	:	House#662, Street/NR#2, Sangkat Chak Angre Krom, Khan Mean
11. Monthly Income / Combined Income (USD) (For Individual Only)	:	USD186,000.00
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)
<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)	:	<input type="checkbox"/> 01 to 10 <input checked="" 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	:	USD100,000 Total Debit      USD100,000 Total Credit
15. Is customer activity relatively low cash Intensive. (For Business Entity Only)	:	<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)	:	
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	Roeun Sarak Senior Executive	Signature & Date	
Concurred by (Name) & Designation	Keang Chanveasna Branch Manager	Signature & 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:**

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?	N/A	
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)

▪ **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

Srean Raksmei  
Senior Manager

Signature &  
Date

Concurred by (Name) &  
Designation

Keang Chanveasna  
Branch Manager

Signature &  
Date

