

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. Ouch Pysal												
* 2. Contact Number	:	012 820 302												
▪ Fixed Line	:	N/A												
▪ 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	:	Business Owner												
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. 1216KH/2014												
9. Employer's Name	:	Seven Construction Co., Ltd												
10. Employer's Address	:	Street 598, Sangkat Svay Park, Khan Russey Keo, Phnom Penh												
11. Monthly Income / Combined Income (USD) (For Individual Only)	:	39,032.33												
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>\$335,000</td> <td>Total Debit</td> <td>\$333,000</td> <td>Total Credit</td> </tr> <tr> <td><input type="checkbox"/> LOW</td> <td><input type="checkbox"/> MEDIUM</td> <td><input type="checkbox"/> HIGH</td> <td></td> </tr> <tr> <td>(No. of cash Trnx < 50 or Total aggregate < USD100K)</td> <td>(No. of cash Trnx < 50 and Total aggregate > USD100K)</td> <td>(No. of cash Trnx > 50 and total aggregate > USD100K)</td> <td></td> </tr> </table>	\$335,000	Total Debit	\$333,000	Total Credit	<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> HIGH		(No. of cash Trnx < 50 or Total aggregate < USD100K)	(No. of cash Trnx < 50 and Total aggregate > USD100K)	(No. of cash Trnx > 50 and total aggregate > USD100K)	
\$335,000	Total Debit	\$333,000	Total Credit											
<input type="checkbox"/> LOW	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> HIGH												
(No. of cash Trnx < 50 or Total aggregate < USD100K)	(No. of cash Trnx < 50 and Total aggregate > USD100K)	(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)	:	N/A												
17. Existing or New Account (Please tick the appropriate column)	:	<input checked="" type="checkbox"/> Existing A/C No: 1010010000005065 <input 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

Hang Monychet (AM)

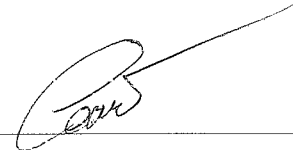
Signature & Date



Concurred by (Name) & Designation

Monich Chhaleang

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
For All Categories			
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	
For Corporation/ 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?	N/A	
11.	Is the customer's activity relatively low cash intensive?	N/A	
Total Score			

CONCLUSION:

Risk category:

(Please provide the scoring and tick the appropriate column)

• Risk Score (For Consumer): LOW HIGH

☐ 7 Scoring

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

Sok Patamau
AM

Signature &
Date

Sok Patamau
23/07/18

Concurred by (Name) &
Designation

Chit Hall

Signature &
Date

Chit Hall
23/07/18

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. Keo Sokhathary |
| * 2. | Contact Number | : | 068 665 777 |
| | ▪ Fixed Line | : | N/A |
| | ▪ 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)? <i>(For Non-Resident Only)</i> | : | No |
| * 6. | Occupation Description / Nature of Business | : | Business Owner |
| 7. | Business Type : | : | <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
<input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Others (please specify)
Seven Gas Station |
| 8. | Business Registration No & Registration Date | : | 1060349 |
| 9. | Employer's Name | : | SEVEN TELA 598 |
| 10. | Employer's Address | : | Street 598, Svay park, Khan Russey Keo, Phnom Penh |
| 11. | Monthly Income / Combined Income (USD) <i>(For Individual Only)</i> | : | 25,189 |
| 12. | If low margin of advance, is the differential sum identified to be from legal source? <i>(Please tick the appropriate column)</i> | : | <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 <i>(Please tick the appropriate column)</i> | : | <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 | : | <div style="display: flex; justify-content: space-between;"> \$150,000 Total Debit \$150,000 Total Credit </div> <div style="display: flex; justify-content: space-around;"> <div> <input checked="" type="checkbox"/> LOW
 (No. of cash Trnx < 50 or
Total aggregate < USD100K) </div> <div> <input type="checkbox"/> MEDIUM
 (No. of cash Trnx < 50 and
Total aggregate > USD100K) </div> <div> <input type="checkbox"/> HIGH
 (No. of cash Trnx > 50
and total aggregate > USD100K) </div> </div> |
| 15. | Is customer activity relatively low cash Intensive. <i>(For Business Entity Only)</i> | : | |
| 16. | Expected total Turnover in a month <i>(For Business entity only)</i> | : | |
| 17. | Existing or New Account <i>(Please tick the appropriate column)</i> | : | <input checked="" type="checkbox"/> Existing A/C No: 1000010000008008 <input 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

Hang Mungheut (AM)

Signature &
Date



Concurred by (Name) &
Designation

Maum Chikelay

Signature &
Date

Cam

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
For All Categories			
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	
For Corporation/ 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?	N/A	
11.	Is the customer's activity relatively low cash intensive?	N/A	
Total Score			

CONCLUSION:

Risk category:

(Please provide the scoring and tick the appropriate column)

• Risk Score (For Consumer): LOW HIGH

☐ 7 Scoring

☒ 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

Sok Patanau
AM

Signature &
Date

Sok Patanau
23/07/18

Concurred by (Name) &
Designation

Chivutak
CEM

Signature &
Date

Chivutak
27/07/18