

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. Sam Ryna
- * 2. Contact Number :
• Fixed Line : N/A
• Mobile : 012 47 82 47
3. Correspondence / Business Address : Ang Tasom Commune, Ang Tasom District, Takeo Province
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 : Owner Thmor Sar 1 & 3 Restaurant and Guesthouse
7. Business Type :
☐ Corporation ☐ Partnership
☒ Sole Proprietorship ☐ Others (please specify)
Family business
8. Business Registration No & Registration Date : 17888/2016 (Patent)
9. Employer's Name : N/A
10. Employer's Address : N/A
11. Monthly Income / Combined Income (USD) : 30,965.00
(For Individual Only)
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 not proceed.
: ☒ 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)
: ☒ 01 to 10 ☐ 11 to 50 ☐ 51 to 100 ☐ Over 100
- * 14. Expected total Debt and Credit in a month : \$7,143 Total Debt \$7,156 Total Credit
15. Is customer activity relatively low cash Intensive.
(For Business Entity Only)
☒ LOW (No. of cash Trnx < 50 or Total aggregate < USD100K)
☐ MEDIUM (No. of cash Trnx < 50 and Total aggregate > USD100K)
☐ 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) : ☐ Existing A/C No: ☒ 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 & Designation

Mr. Moeurn Chheleang
Senior Executive Sale

Signature & Date

28-02-2018

Concurred by (Name) & Designation

Mr. Nhim Borey
Branch Manager

Signature & Date

28-02-2018

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. Chhay Sambath
- * 2. Contact Number : N/A
 • Fixed Line : 077 87 06 06
 • Mobile : N/A
3. Correspondence / Business Address : Ang Tasom Commune, Ang Tasom District, Takeo Province
 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 : Owner Thmor Sar 1 & 3 Restaurant and Guesthouse
7. Business Type : ☐ Corporation ☐ Partnership
☒ Sole Proprietorship ☐ Others (please specify)
 Family business
8. Business Registration No & Registration Date : 17888/2016 (Patent)
9. Employer's Name : N/A
10. Employer's Address : N/A
11. Monthly Income / Combined Income (USD) : 30,965.00
 (For Individual Only)
12. If low margin of advance, is the differential sum identified to be from legal source? : ☒ Yes ☐ No (please specify)
 (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 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 : \$7,143 Total Debit \$7,156 Total Credit
15. Is customer activity relatively low cash Intensive. (For Business Entity Only)
- | LOW
(No. of cash
Trnx < 50 or
Total aggregate
< USD100K) | MEDIUM
(No. of cash
Trnx < 50 and
Total aggregate
> USD100K) | HIGH
(No. of cash
Trnx > 50
and total
aggregate
> USD100K) |
|--|--|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
16. Expected total Turnover in a month (For Business entity only) : N/A
17. Existing or New Account : ☒ Existing A/C No: 2010004000032310 ☐ 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 &
Designation

Mr. Moeurn Chheleang
Senior Executive Sale

Signature &
Date

28-02-2018

Concurred by (Name) &
Designation

Mr. Nhim Borey
Branch Manager

Signature &
Date

28-02-2018

PART A

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

*	1.	Name	:	Mdm. Sok Savat
*	2.	Contact Number	:	N/A
		▪ Fixed Line	:	080 555 000
		▪ Mobile	:	N/A
	3.	Correspondence / Business Address	:	Ang Tasom Commune, Ang Tasom District, Takeo Province
		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	:	Owner of Guesthouse
	7.	Business Type :	:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others (please specify) Family business
	8.	Business Registration No & Registration Date	:	N/A
	9.	Employer's Name	:	N/A
	10.	Employer's Address	:	N/A
	11.	Monthly Income / Combined Income (USD) (For Individual Only)	:	8,000.00
	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)
		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	:	\$7,143 Total Debit \$8 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)	:	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 checked="" type="checkbox"/> Savings <input 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

Officer Name & Designation

Mr. Moeurn Chheleang
Senior Executive Sale

Signature &
Date

28-02-2018

Concurred by (Name) &
Designation

Mr. Nhim Borey
Branch Manager

Signature &
Date

28-02-2018

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. Chhay Poch
- * 2. Contact Number :
 • Fixed Line : N/A
 • Mobile : 070 80 60 20
3. Correspondence / Business Address : Ang Tasom Commune, Ang Tasom District, Takeo Province
 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 : Owner of Guesthouse
7. Business Type :
☐ Corporation ☐ Partnership
☒ Sole Proprietorship ☐ Others (please specify)
 Family business
8. Business Registration No & Registration Date : N/A
9. Employer's Name : N/A
10. Employer's Address : N/A
11. Monthly Income / Combined Income (USD) : 8,000.00
 (For Individual Only)
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 not proceed.
☒ 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)
☒ 01 to 10 ☐ 11 to 50 ☐ 51 to 100 ☐ Over 100
- * 14. Expected total Debit and Credit in a month :
 N/A Total Debit Total Credit
☒ LOW ☐ MEDIUM ☐ HIGH
 (No. of cash (No. of cash (No. of cash
 Trnx < 50 or Trnx < 50 and Trnx > 50
 Total aggregate Total aggregate and total
 <USD100K) >USD100K) aggregate
 >USD100K)
15. Is customer activity relatively low cash Intensive.
 (For Business Entity Only)
16. Expected total Turnover in a month : N/A
 (For Business entity only)
17. Existing or New Account :
 (Please tick the appropriate column)
☐ Existing A/C No: ☒ 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 &
Designation

Mr. Moeurn Chheleang
Senior Executive Sale

Signature &
Date

28-02-2018

Concurred by (Name) &
Designation

Mr. Nhim Borey
Branch Manager

Signature &
Date

28-02-2017