

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. Chhang Sinat
- * 2. Contact Number :
 ▪ Fixed Line :
 ▪ Mobile : 012 422 313
3. Correspondence / Business Address : Properties Rental.
 Post Code :
- * 4. Country of Origin : Cambodia
5. Is Customer a Politically Exposed Person (PEP)? : No
- * 6. Occupation Description / Nature of Business : Properties Rental
7. Business Type : ☐ Corporation ☐ Partnership
☐ Sole Proprietorship ☒ Others: (Please specify__)
8. Business Registration No & Registration Date :
 9. Employer's Name : Properties Rental
 10. Employer's Address :
11. Monthly Income / Combined Income (USD) : USD6,100.00
 (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 : USD2,500 Total Debit USD2,500 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) : ☐ 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 & _____

Signature &

Designation _____

Date _____

Concurred by (Name) Keang Chanveasna

Signature &

Designation Branch Manager

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 CATEGORY AND QUESTIONS:

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) <div> <input type="checkbox"/> 1 Land/ Building <input type="checkbox"/> 2 Others (Please specify: _____) <input type="checkbox"/> 3 Fixed Deposit/ Cash Margin </div>	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		7	

CONCLUSION:

Risk category: ☐ 7 Scoring ☒ Low ☐ High
(Please provide the scoring and tick the appropriate column)

▪ **Risk Score (For Consumer):** ☐ 6 to 8 **LOW** ☐ 9 and above **HIGH**


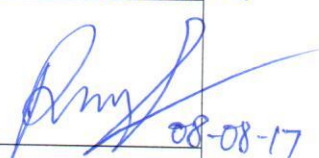
▪ **Risk Score (For Corporate & Commercial):** ☐ 9 to 14 **LOW** ☐ 15 and above **HIGH**

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 Tek Sovichet
Assistant Manager, Mortgage
Concurred by (Name) Srean Raksmeay
Designation Senior Manager, MC & Mortgage

Signature & Date  08-08-17
Signature & Date  08-08-17

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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. Sim Sona
- * 2. Contact Number :
 ▪ Fixed Line :
 ▪ Mobile : 016 334 456
3. Correspondence / Business Address : Properties Rental.
 Post Code :
- * 4. Country of Origin : Cambodia
5. Is Customer a Politically Exposed Person (PEP)? : No
- * 6. Occupation Description / Nature of Business : Properties Rental
7. Business Type : ☐ Corporation ☐ Partnership
☐ Sole Proprietorship ☒ Others: (Please specify__)
8. Business Registration No & Registration Date :
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 10. Employer's Address :
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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)
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- * 14. Expected total Debit and Credit in a month : USD2,500 Total Debit USD2,500 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) :
 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 _____

Signature &

Date _____

Concurred by (Name) Keang Chanveasna

Signature &

Designation Branch Manager

Date _____

KYC FORM – CREDIT FACILITIES

PART B

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(Please indicate N/A to questions that are not applicable)

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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) <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> Land/ Building </div> <div style="text-align: center;"> <input type="checkbox"/> Others (Please specify: _____) </div> <div style="text-align: center;"> <input type="checkbox"/> Fixed Deposit/ Cash Margin </div> </div>	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	
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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: Tek Sovichet
Assistant Manager, Mortgage

Concurred by (Name) & Designation: Srean Raksmeay
Senior Manager, MC & Mortgage

Signature & Date: 
08-08-17

Signature & Date: 
08-08-17