# ឆខាគារ ស សេច ចិ៍ ឥណ្ឌូ ទៃសារ 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)

(	CUST	OMER PROFILE:		
*	1.	Name	: Mr. Khov Song Hao	
*	2.	Contact Number  Fixed Line  Mobile	: 016 659 000	
	3.	Correspondence / Business Address Post Code	: N/A :	
*	4. 5.	Country of Origin Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only)	: Cambodia : No	
*	6.	Occupation Description / Nature of Business	: Selling silk and property re	ental
	7.	Business Type :	Corporation Sole Proprietorship	Partnership  v Others (please specify)
		Business Registration No & Registration Date Employer's Name Employer's Address Monthly Income / Combined Income (USD)	: N/A : N/A : N/A : 36,951,04	
	12.	( For Individual Only)  If low margin of advance, is the differential sum identified to be from legal source? (Please tick the appropriate column)	· v Yes	No (please specify)
*	13.	Note: Low MOA is MOA below 80%. If answer is NO, do not Expected number of transaction in Savings And/ or Current Account (both facility/ non Expirity) in a month (support of the context	t proceed. : 01 to 10 11 to 5	50 51 to 100 Over 100
*	14.	Facility) in a month (Please tick the appropriate column)  Expected total Debit and Credit in a month	: <b>N/</b> A Total Debit	Total Credit
	15.	Is customer activity relatively low cash Intensive. (For Business Entity Only)	LOW (No. of cash Trnx < 50 or Total aggregate <usd100k)< td=""><td>MEDIUM HIGH (No. of cash Trnx &lt; 50 and Trnx &gt; 50 Total aggregate &gt;USD100K) aggregate &gt;USD100K)</td></usd100k)<>	MEDIUM HIGH (No. of cash Trnx < 50 and Trnx > 50 Total aggregate >USD100K) 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:	1010002000022885 New
	18.	Account Type	Savings Fixed Deposit	Current Others (please specify)
*	19.	Was there verification that the collateral is Not ill gotten?	Yes Yes	No
P	REP	ARED BY:		
		Name & Hon Many Contact	Signature & Date	23/04/18
		red by (Name) & ROS Chammara	Signature & Date	23/04/8

## **KYC FORM - CREDIT FACILITIES**

<u>PART B</u>
This part is to be completed by the Back Office Procuring Team (Please indicate N/A to questions that are not applicable)

RISK	SCORING:										
	igning the scor		use ne reason in remark	1 Ye	s	2	Vo	or	N/A	Not App	plicable
		specify ti	ie reason in remark	Column							3
KISK	SCORING:										
No.	Categories		Question	1				Score	2	Ren	nark
		dividual/ I	Business) a resider	nt?				1			
: 1	Has the purpose identified?	of the cr	edit application/ac	count ope	ening l	peen clearly		1		100 00 00 00 00 00 00 00 00	
			s classified as low ory High Risk Busii					1			
4.	***************************************	income &	repayment identif	AND DESCRIPTION OF THE PROPERTY OF THE PARTY	is fro	n their occupat	ion/	1			
	purposed and Pi	EP?	the guarantor's ba					N/A			
6.	What type of co	llateral of	fered? (Please use	the score	belov	<i>')</i>					
	1 Land/ Buildi	2	Other (please spe	ecify)	3	Fixed Deposit/ Cash Margin	400000000000000000000000000000000000000	1	T TV CA COLOR TO THE PARTY OF T		
7.	Was there verifi	cation tha	t the collateral is n	ot ill aott	en?			1			
8	Are you comfort		the individual cust			integrity and		1		alternative des des 1999 Performance	
	reputation? rporation/ Cor	nmercial	Only								
litaaanimmuummuuuuu			ers background che	cked for A	AML p	urpose and PEP	?	N/A			
1 10.	Is the director/s activities?	hareholde	ers known <u>not</u> to be	e involved	d in ar	ny illegal/ immo	oral	N/A			
11.	Is the customer	's activity	relatively low cash		e? I <b>Scor</b>	<b>e</b>		N/A			
CONC	LUSION:										
Diele ent				ſ		7 Scoring	le Constant	LOW			
Risk cat (Please pr		and tick the	e appropriate column	· <b>)</b>		<b>7</b> Scoring					
• Risk	Score (For Coi	nsumer):	LOW HIGH		6 t	o 8 LOW	9	and ab	ove	HIGH	
• Risk	Score <i>(For Coi</i>	rporate &	Commercial):	[	9 to	14 LOW	15	and ab	ove	HIGH	
	stomer's expect		ction profile in line	with cust	tomer	profile/source o	of fund/	/source o	of wealt	th details	obtained?
	X Yes	No									
PREPA	ARED BY:										
								) 1	. 1		
Officer N	Name &		k Ratanak			Signature &	()	Jone	N		
Designa	tion	Assista	int Manager			Date		SJ			23/04/18
_	11 75:		r Chiu Usb					01	$\mathcal{N}$		
Concurre Designat	ed by (Name) tion	~	r. Chlv Hak noir Manager			Signature & Date	\$			J	5/04/18
-			<u> </u>			_			****		1 7 114

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#### **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  * 2. Contact Number  - Fixed Line - Mobile  3. Correspondence / Business Address - Post Code  * 4. Country of Origin  5. Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only)  * 6. Occupation Description / Nature of Business	: Mdm. Seang Son  :	
7. Business Type:	: Corporation	Partnership
	Sole Proprietorship v	Others (please specify)
<ul> <li>8. Business Registration No &amp; Registration Date</li> <li>9. Employer's Name</li> <li>10. Employer's Address</li> <li>11. Monthly Income / Combined Income (USD)  ( For Individual Only)</li> <li>12. If low margin of advance, is the differential sum identified to be from legal source?</li> </ul>	: N/A : N/A : N/A : 36,951.04 : v Yes	No (please specify)
(Please tick the appropriate column)  Note: Low MOA is MOA below 80%. If answer is NO, do n	not proceed.	
<ul> <li>* 13. Expected number of transaction in Savings         And/ or Current Account (both facility/ non         Facility) in a month (Please tick the appropriate column)</li> <li>* 14. Expected total Debit and Credit in a month</li> <li>15. Is customer activity relatively low cash         Intensive.         (For Business Entity Only)</li> </ul>	: N/A Total Debit  LOW MEDIU (No. of cash (No. of Trnx < 50 or Trnx <	f cash (No. of cash 50 and Trnx > 50 ggregate and total
16. Expected total Turnover in a month (For Business entity only)	: <u>N/A</u>	
<ul><li>17. Existing or New Account (Please tick the appropriate column)</li><li>18. Account Type</li></ul>	: v Savings Curren	22000022885 New  .t (please specify)
* 19. Was there verification that the collateral is Not ill gotten?	; v Yes No	
PREPARED BY:		
Officer Name & Hora Teay Ocet Designation	Signature & Date	Jb/04/18
Concurred by (Name) & ROS Chanvara  Designation	Signature & Date	23/04/18

## **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:					
	signing the scor score is 2 please	e, kindly use specify the reason in rema	1 Yes	2	lo or	N/A Not Applicable
RISK	SCORING:					
No.		Questi	on		Score	e Remark
·	l Categories					
1.		dividual/ Business) a reside	g,, g, ,, , , , , , , , , , , , , , , ,		1	ye,
2.	identified?	of the credit application/a		been clearly	1	
3.	•	n/business classified as lov Risk category High Risk Bus			1	
4.		income & repayment ident		om their occupati	ion/ 1	
5.		rantor, is the guarantor's b	ackground chec	ked for AML	N/A	
6.		lateral offered? (Please us	e the score belo	w)		
	1 Land/ Buildir	Other (please s	pecify) 3	Fixed Deposit/ Cash Margin	1	
7.	Was there verific	cation that the collateral is	not ill gotten?		1	
8.	Are you comforta	able with the individual cu	stomer/business	integrity and	1	
For Co	rporation/ Con	nmercial Only				
9.	Is the director/s	hareholders background ch	necked for AML p	ourpose and PEP	? N/A	
10.	Is the director/slactivities?	hareholders known <b>not</b> to	be involved in a	ny illegal/ immo	ral N/A	
11.	Is the customer's	s activity relatively low cas	sh intensive?		· N/A	
			Total Sco	re		
CONC	CLUSION:					
	tegory:	and tick the appropriate colun	20)	7 Scoring	LOW	
` .	•	sumer): LOW HIGH	-	to 8 LOW	9 and ab	ove HIGH
		porate & Commercial):		to 14 LOW	15 and a	
Is the cu	ustomer's expecte	ed transaction profile in lin				of wealth details obtained?
(Please	tick the appropria	ate column)				
	X Yes	No				
PREP	ARED BY:					
	Name &	Mr. Sok Ratanak		Signature &	( John	22/11/
Designa	ation	Assistant Manager	······································	Date		28/04/18
Concur	red by (Name)	& Mr. Chiv Hak		Signature &	. MU	W_
Designa		Senoir Manager		Date		23/04/18

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KYL.	PURM	- CREDI	FALLE	

#### PART A

This part is to be completed by the Front Office (e.g. Sales Personnel)

(P	lease .	indicate N/A to questions that are not applicable. However, those	marked with * are mandatory)
	ะบรา	OMER PROFILE:	
*	1. 2.	Name Contact Number Fixed Line Mobile	: Mdm. Seang Sreng : : 016 659 000
	3.	Correspondence / Business Address Post Code	: N/A :
*	4. 5.	Country of Origin Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only)	: Cambodia : No
*	6.	Occupation Description / Nature of Business	: Selling silk and property rental
	7.	Business Type:	: Corporation Partnership  Sole Proprietorship V Others (please specify)
		Business Registration No & Registration Date Employer's Name Employer's Address Monthly Income / Combined Income (USD)	: N/A
		(For Individual Only)  If low margin of advance, is the differential sum identified to be from legal source?	: v Yes No (please specify)
*	13.	(Please tick the appropriate column)  Note: Low MOA is MOA below 80%. If answer is NO, do not expected number of transaction in Savings And/ or Current Account (both facility/ non Facility) in a month (Please tick the appropriate column)	ot proceed. : 01 to 10 11 to 50 51 to 100 Over 100
*		Expected total Debit and Credit in a month Is customer activity relatively low cash Intensive. (For Business Entity Only)	: N/A Total Debit Total Credit  LOW MEDIUM HIGH  (No. of cash (No. of cash Trnx < 50 or Trnx < 50 and Trnx > 50  Total aggregate Total aggregate and total aggregate < USD100K)  >USD100K)  Total Credit  HIGH  (No. of cash (No. of cash Trnx > 50 and Total aggregate > USD100K)
		Expected total Turnover in a month (For Business entity only) Existing or New Account (Please tick the appropriate column)	: N/A : v Existing A/C No: 1010002000022885 New
	18.	Account Type	: v Savings Current Fixed Deposit Others (please specify)
*	19.	Was there verification that the collateral is Not ill gotten?	: V Yes No
P	REP	ARED BY:	
		Name & Hory Many Oract ation	Signature & Sh/04/18
		red by (Name) & ROS Channara ation	Signature & 23/04/ <b>d</b> 8

	KYC FORM - CREDIT FACILITIES		
PART This pa	<b>B</b> art is to be completed by the Back Office Procuring Team		
(Please	indicate N/A to questions that are not applicable)		
RISK	SCORING:		
	signing the score, kindly use 1 Yes 2 No f score is 2 please specify the reason in remark column	or N/A	Not Applicable
RISK	SCORING:		
No. For A	Question  Il Categories  Is customer (Individual/ Business) a resident?	Score 1	Remark
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?	1	
9.	orporation/ Commercial Only  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	A STATE OF THE STA
11.	Is the customer's activity relatively low cash intensive?  Total Score	N/A	
CONG	CLUSION:		
	ategory: provide the scoring and tick the appropriate column)	LOW	
• Risk	k Score (For Consumer): LOW HIGH 6 to 8 LOW	9 and above	нідн
	( of dolporate a commence)	L5 and above	HIGH
	sustomer's expected transaction profile in line with customer profile/source of fun tick the appropriate column)	d/source of wea	aith details obtained?
	X Yes No		
PREP	PARED BY:		
Officer	Name & Mr. Sok Ratanak Signature &	Lanoue	

Signature & Date

Signature &

Date

Officer Name & Designation

Concurred by (Name) & Designation

**Assistant Manager** 

Mr. Chiv Hak

Senoir Manager

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VVC	EODM	_ CD	EDIT	EAC	TLTTTES
RYL	. FURM	- LK	CULI	FAL	

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)

(	CUST	OMER PROFILE:		
*	1.	Name	: Mr. Soeng Touch	
*	2.	Contact Number	. The boding today	The state of the s
		Fixed Line		
		<ul> <li>Mobile</li> </ul>	: 016 659 000	
	3.	Correspondence / Business Address	: N/A	
		Post Code	:	
*	4.	Country of Origin	: Cambodia	
	5.	Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only)	: No	2015-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
*	6.	Occupation Description / Nature of Business	: Selling silk and prope	rty rental
	7.	Business Type :	: Corporation	Partnership
	٠.	business type .		
			Sole Proprietorshi	p V Others (please specify)
	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)	: 36,951.04	
	10	( For Individual Only)	<u> विक्य</u>	(1943) N. (1943)
	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 no	t proceed.	
*	13.	Expected number of transaction in Savings	: 01 to 10 11	l to 50 51 to 100 Over 100
		And/ or Current Account (both facility/ non		
		Facility) in a month (Please tick the appropriate column)	60-6258/NON-SIANDNOS/4486	######################################
*		Expected total Debit and Credit in a month	: N/A Total	A CONTRACTOR OF THE PARTY OF TH
	15.	Is customer activity relatively low cash	LOW	MEDIUM HIGH
		Intensive.	(No. of cash	(No. of cash Trnx $<$ 50 and Trnx $>$ 50
		(For Business Entity Only)	Trnx < 50 or Total aggregate	Total aggregate and total
			<usd100k)< td=""><td>&gt;USD100K) aggregate</td></usd100k)<>	>USD100K) aggregate
			ŕ	>USD100K)
	16.	Expected total Turnover in a month	: N/A	
	4-	(For Business entity only)		
	1/.	Existing or New Account (Please tick the appropriate column)	: v Existing A/C No:	1010002000022885 New
	18	Account Type	: X Savings	Current
	10.	Account Type	Fixed Deposit	Others (please specify)
			-	
*	19.	Was there verification that the collateral is	: v Yes	No
		Not ill gotten?		
P	REP	ARED BY:		
	_	II M O A		Mul
		Name & Hong Mongdeat	Signature &	Or low have
De	sign	ation	Date	85/04/18
		j		
				D >
Со	ncur	red by (Name) & ROS Channara	Signature &	301.11.0
De	sign	ation	Date	23/04/18
				·

	KYC FORM – CREDI	T FACILITIES		
	ompleted by the Back Office Procuring Te uestions that are not applicable)	eam		
RISK SCORING:				
On assigning the so	core, kindly use 1 Yes	2 No	or N/A No	t Applicable
Note: if score is 2 plea	se specify the reason in remark column			
RISK SCORING:				
No. For All Categories  1. Is customer (	Question Individual/ Business) a resident?		Score	Remark
	ose of the credit application/account opening	been clearly	1	
	tion/business classified as low risk? – Risk category High Risk Business)		1	
business (not	of income & repayment identifiable and is fro illegal business)?		1	
purposed and			N/A	
1 Lar		Fixed Deposit/	1	
Bui	ding	Cash Margin		
	ification that the collateral is not ill gotten? ortable with the individual customer/business	integrity and	1	
For Corporation/ C	ommercial Only		a sandinamenta estado en la como de la como	
9. Is the directo	r/shareholders background checked for AML p	urpose and PEP?	N/A	
activities?	/shareholders known <u>not</u> to be involved in a	ny illegal/ immoral	N/A	
11. Is the custom	er's activity relatively low cash intensive?  Total Scor	<b>6</b>	N/A	
CONCLUSION:				
Dick category		7 Scoring	LOW	
Risk category: (Please provide the scori	ng and tick the appropriate column)	7 Scoring		
Risk Score (For Control		to 8 LOW	9 and above HI	
-	Corporate & Commercial): 9 to extend transaction profile in line with customer	o 14 LOW	15 and above HI	
(Please tick the appro	•	prome/source or ru	na/source or wealth o	etans obtained:
X Yes	No			
PREPARED BY:				
Officer Name - 0	Mr. Sok Ratanak	Signature 2	1) I sald	
Officer Name & Designation	Assistant Manager	Signature & Date	Datamere ONU	23/04/18
Concurred by (Nam	e) & Mr. Chiv Hak Senoir Manager	Signature &	All	- Intoutie

Date

25/04/18

Senoir Manager

Concurred by (Name) & Designation