

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. Khov Song Hao									
* 2. Contact Number	:										
▪ Fixed Line	:										
▪ Mobile	:	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									
* 6. Occupation Description / Nature of Business	:	Selling silk and property rental									
7. Business Type :	:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> 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) (For Individual Only)	:	36,951.04									
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 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>N/A</td> <td>Total Debit</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> </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> </tr> </table>	N/A	Total Debit	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)
N/A	Total Debit	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: 1010002000022885 <input 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									

PREPARED BY:

Officer Name & Designation

Hony Nanyant

Signature & Date

[Signature]
23/04/18

Concurred by (Name) & Designation

Ros Channara

Signature & Date

[Signature]
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:

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

Mr. Sok Ratanak
Assistant Manager

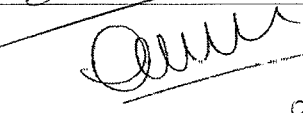
Signature &
Date

 23/04/18

Concurred by (Name) &
Designation

Mr. Chiv Hak
Senior Manager

Signature &
Date

 23/04/18

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. Seang Son									
* 2. Contact Number	:										
▪ Fixed Line	:										
▪ Mobile	:	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									
* 6. Occupation Description / Nature of Business	:	Selling silk and property rental									
7. Business Type :	:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> 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) (For Individual Only)	:	36,951.04									
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 type="checkbox"/> 01 to 10 <input type="checkbox"/> 11 to 50 <input type="checkbox"/> 51 to 100 <input type="checkbox"/> Over 100									
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N/A	Total Debit	Total Credit									
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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: 1010002000022885 <input 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									

PREPARED BY:

Officer Name & Designation

Hong Nanyaoet

Signature & Date

[Signature]
23/04/18

Concurred by (Name) & Designation

Ros Channara

Signature & Date

[Signature]
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:

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)

☐ 7 Scoring ☒ **LOW**

• 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 Mr. Sok Ratanak
Assistant Manager

Signature &
Date  23/04/18

Concurred by (Name) &
Designation Mr. Chiv Hak
Senior Manager

Signature &
Date  23/04/18

KYC FORM – CREDIT FACILITIES

PART A

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

CUSTOMER PROFILE:


* 1. Name	:	Mdm. Seang Sreng									
* 2. Contact Number	:										
▪ Fixed Line	:										
▪ Mobile	:	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									
* 6. Occupation Description / Nature of Business	:	Selling silk and property rental									
7. Business Type :	:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Others (please specify)									
8. Business Registration No & Registration Date	:	N/A									
9. Employer's Name	:	N/A									
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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)									
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* 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

Hony Mony Oeet


Signature & Date

 23/04/18

Concurred by (Name) & Designation

ROS Channara

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:

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

Mr. Sok Ratanak
Assistant Manager

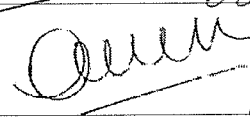
Signature &
Date

 28/04/18

Concurred by (Name) &
Designation

Mr. Chiv Hak
Senoir Manager

Signature &
Date

 28/04/18

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	:	Mr. Soeng Touch									
* 2. Contact Number	:										
▪ Fixed Line	:										
▪ Mobile	:	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									
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7. Business Type :	:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Others (please specify)									
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N/A	Total Debit	Total Credit									
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15. Is customer activity relatively low cash Intensive. (For Business Entity Only)	:										
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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									

PREPARED BY:

Officer Name & Designation

Hony Momycheat


Signature & Date


23/04/18

Concurred by (Name) & Designation

Ros Channara

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:

On assigning the score, kindly use ☐ 1 Yes ☐ 2 No or ☐ N/A Not Applicable
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RISK SCORING:

No.	Question	Score	Remark
For All Categories			
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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 <u>not</u> 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)

☐ 7 Scoring **LOW**

• 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 Mr. Sok Ratanak
Assistant Manager

Signature &
Date  23/04/18

Concurred by (Name) &
Designation Mr. Chiv Hak
Senoir Manager

Signature &
Date  25/04/18