

PART A

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

* 1. Name	: Mr. Chea Yi
▪ Fixed Line	:
▪ Mobile	: 012 99 7777
3. Correspondence / Business Address	: No. 391, National Road No. 1, Toul Thnout Village, Korki Commune, Kien Svay District, Province.
Post Code	: No
* 4. Country of Origin	: Cambodia
5. Is Customer a Politically Exposed Person (PEP)?	: N/A
* 6. Occupation Description / Nature of Business	: Goldsmith, Money exchange and transfer
7. Business Type	: <input checked="" 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	:
9. Employer's Name	: N/A
10. Employer's Address	: N/A
11. Monthly Income / Combined Income (USD) (For Individual Only)	: USD13,908.99
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 note 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	: USD100K Total Debit, USD100K Total Credit
15. Is customer activity relatively low cash Intensive (For Business Entity Only)	: <input checked="" 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)
16. Expected total Turnover in a month (For Business entity only)	: USD100K
17. Existing or New Account (Please tick the Appropriate column)	: <input checked="" type="checkbox"/> Existing A/C No: 1010002000007271 <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

Officer Name &
Designation

Signature &
Date

Signature &
Date

19/07/16
19/07/16

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)	2	
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"/> 1 Land/ Building</div> <div style="text-align: center;"><input type="checkbox"/> 2 Others (Please specify: _____)</div> <div style="text-align: center;"><input type="checkbox"/> 3 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	
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: ☐ 8 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**

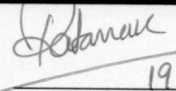
Is the customer's expected transaction profile in line with customer profile/source of fund/source of wealth details obtained? (Please tick the appropriate column)

☒ Yes ☐ No

PREPARED BY:

Officer Name & Designation: Sok Ratanak Assistant Manager

Concurred by (Name) & Designation: Chiv Hak Senior Manager

Signature & Date:  19/07/2016

Signature & Date:  19/07/16

PART A

CUSTOMER PROFILE:

- | | |
|---|---|
| <p>* 1. Name</p> <p>▪ Fixed Line</p> <p>▪ Mobile</p> <p>3. Correspondence / Business Address</p>
<p>Post Code</p> <p>* 4. Country of Origin</p> <p>5. Is Customer a Politically Exposed Person (PEP)?</p>
<p>* 6. Occupation Description / Nature of Business</p> <p>7. Business Type</p>
<p>8. Business Registration No & Registration Date</p> <p>9. Employer's Name</p> <p>10. Employer's Address</p> <p>11. Monthly Income / Combined Income (USD)
(For Individual Only)</p> <p>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.</p> <p>* 13. Expected number of transaction in Savings And/ or Current Account (both facility/ non Facility) in a month (Please tick the appropriate column)</p> <p>* 14. Expected total Debit and Credit in a month</p> <p>15. Is customer activity relatively low cash Intensive
(For Business Entity Only)</p>
<p>16. Expected total Turnover in a month
(For Business entity only)</p> <p>17. Existing or New Account (Please tick the Appropriate column)</p> <p>18. Account Type</p>
<p>* 19. Was there verification that the collateral is Not ill gotten?</p> | <p>: Mdm. Ting Bopha</p> <p>:</p> <p>: 012 99 7777</p> <p>: No. 391, National Road No. 1, Toul Thnout Village, Korki Commune, Kien Svay District, Province.</p>
<p>: No</p> <p>: Cambodia</p>
<p>: N/A</p> <p>: Goldsmith, money exchange and transfer</p> <p>: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p><input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others: (Please specify_____)</p> <p>:</p> <p>: N/A</p> <p>: N/A</p> <p>: USD13,908.99</p> <p>: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Please specify:_____)</p> <p>: <input checked="" type="checkbox"/> 01 to 10 <input type="checkbox"/> 11 to 50 <input type="checkbox"/> 51 to 100 <input type="checkbox"/> Over 100</p> <p>: USD100K Total Debit, USD100K Total Credit</p> <p><input checked="" type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH</p> <p>(No. of Cash Trnx < 50 and Total aggregate < USD100K) (No. of cash Trnx > 50 and total aggregate > USD100K) (No. of cash Trnx > 50 and total aggregate > USD100K)</p> <p>: USD100K</p> <p>: <input checked="" type="checkbox"/> Existing A/C No: 1010002000007271 <input type="checkbox"/> New</p> <p>: <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Current</p> <p><input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Others: (Please specify_____)</p> <p>: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

PREPARED BY:

Signature &
Date

Signature &
Date

19/02/11

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:

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RISK CATEGORY AND QUESTIONS:

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

CONCLUSION:

Risk category: ☐ 8 Scoring ☒ Low ☐ High
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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

Sok Ratanak
Assistant Manager

Signature &
Date

Concurred by (Name) &
Designation

Chiv Hak
Senior Manager

Signature &
Date

[Signature]
19/08/2016
[Signature]
19/08/2016