

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. Mom Chantheary
- \* 2. Contact Number :  
     ▪ Fixed Line :  
     ▪ Mobile : 016 864 869
3. Correspondence / Business Address : # 218E0, St. C, Phum Krang Angkrong,  
     Sangkat Krang Thnung, Khan Porsenchey,  
     Phnom Penh.  
     Post Code :
- \* 4. Country of Origin : Cambodia
5. Is Customer a Politically Exposed Person (PEP)? : No
- \* 6. Occupation Description / Nature of Business : N/A
7. Business Type : ☐ Corporation ☐ Partnership  
     ☐ Sole Proprietorship ☐ 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) : USD1,053  
     (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 : 500 Total Debit 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 : Ngan Phallen Executive, Mobile Credit  
     Signature & Date : \_\_\_\_\_

Concurred by (Name) & Designation : Srean Raksmeay Senior Manager, Mobile Credit  
     Signature & Date : \_\_\_\_\_

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### 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  Yes ,  No or  Not Applicable

Note: if score is 2 please specify the reason in remark column

#### RISK CATEGORY AND QUESTIONS:

No.	Question	Score	Remark
<b>For All Categories</b>			
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 style="display: flex; justify-content: space-around; align-items: center;"> <div><input type="text" value="1"/> Land/ Building</div> <div><input type="text" value="2"/> Others (Please specify: _____)</div> <div><input type="text" value="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	
<b>For Corporation/ Commercial Only</b>			
9.	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	
11.	Is the customer's activity relatively low cash intensive?	N/A	
<b>Total Score</b>		<b>7</b>	

#### CONCLUSION:

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

▪ **Risk Score (For Consumer):**  **LOW**  **HIGH**

▪ **Risk Score (For Corporate & Commercial):**  **LOW**  **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	Ngan Phallen Executive, Mobile Credit_____	Signature & Date _____
Concurred by (Name) & Designation	Srean Raksmeay Senior Manager, Mobile Credit_____	Signature & Date _____