ឆខាគារ ៩ ៩៩៩ ម៉ី ឥំពស្ត្ទថៃនសារ RHB♦Indochina Bank

KYC FORM -	CREDIT	FACI	_ITIES
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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)

	11.03	SOME DESCRIPTION		
	US	OMER PROFILE:		
*	1.	Name Contact Noveless	: Mr. Ouch Pysal	· · · · · · · · · · · · · · · · · · ·
•	2.	Contact Number Fixed Line	: 012 820 302	
		Mobile	: N/A	
	3.	Correspondence / Business Address	: N/A	
		Post Code	: N/A	
*	4.	Country of Origin	: Cambodia	
	5.	Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only)	: No	
*	6.	Occupation Description / Nature of Business	: Business Owner	
	7.	Business Type:	: Corporation	Partnership
			x Sole Proprietorshi	p Others (please specify)
	8. 9. 10.	Business Registration No & Registration Date Employer's Name Employer's Address	: Co. 1216KH/2014 : Seven Construction Co : Street 598, Sangkat S	o., Ltd Svay Park, Khan Russey Keo, Phnom Penh
		Monthly Income / Combined Income (USD) (For Individual Only)	: 39,032.33	
	12.	If low margin of advance, is the differential sum identified to be from legal source? (Please tick the appropriate column)	: x Yes	No (please specify)
		Note: Low MOA is MOA below 80%. If answer is NO, do no	nt nroceed	
*	13.	Expected number of transaction in Savings		to 50 51 to 100 Over 100
		And/ or Current Account (both facility/ non	· [2382]	<u> </u>
		Facility) in a month (Please tick the appropriate column)		
*	14.	Expected total Debit and Credit in a month	: \$335,000 Total (Debit \$333,000 Total Credit
		Is customer activity relatively low cash	Low	MEDIUM HIGH
	15.	Intensive.	(No. of cash	(No. of cash (No. of cash
		(For Business Entity Only)	Trnx < 50 or	Trnx < 50 and Trnx > 50
		(10.00000000000000000000000000000000000	Total aggregate	Total aggregate and total
			<usd100k)< td=""><td>>USD100K) aggregate</td></usd100k)<>	>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:	1010010000005065 New
	18.	Account Type	: Savings	x Current
			Fixed Deposit	Others (please specify)
*	19.	Was there verification that the collateral is Not ill gotten?	; x Yes	No

P	REP.	ARED BY:		
				-
		n	•	
		Name & Hang Monycheat (AM)	Signature &	
De	signa	ation Taring Hongadean Contr	/ Date	
		· /		
C-		rad by (Nama) 9.	Cianation	
		red by (Name) & Y ation Hacuru Arreleas	Signature & Date	Jan
		V		

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 Note: if score is 2 please specify the reason in remark column RISK SCORING:	No or N/A Not Applicable
No. Question For All Categories	Score Remark
Is customer (Individual/ Business) a resident?	1
2. Has the purpose of the credit application/account opening been clearly identified?	1
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)?	ion/ 1
5. If there is a guarantor, is the guarantor's background checked for AML	N/A
purposed and PEP? 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
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/ immo activities?	oral N/A
11. Is the customer's activity relatively low cash intensive? Total Score	N/A
iviaiscore	
CONCLUSION:	
Risk category: (Please provide the scoring and tick the appropriate column)	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 (Please tick the appropriate column)	of fund/source of wealth details obtained?
X Yes No	
PREPARED BY:	
Officer Name & Sok Ratemak Designation & Signature & Date	Jalanal 23/07/18

Signature & Date

Concurred by (Name) & Designation

KYC FORM – CF	REDIT	FA	CIL	.ITIES
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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)

	CUST	FOMER PROFILE:		
**	1. 2. 3. 4. 5. 6. 7. 8. 9.	Name Contact Number Fixed Line Mobile Correspondence / Business Address Post Code Country of Origin Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only) Occupation Description / Nature of Business Business Type: Business Registration No & Registration Date Employer's Name	: Mdm. Keo Sokhathari : 068 665 777 : N/A : N/A : N/A : N/A : No : Business Owner : Corporation	Partnership
	10. 11.	Employer's Address · Monthly Income / Combined Income (USD) (For Individual Only) If low margin of advance, is the differential		No (please specify)
*		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 expected number of transaction in Savings And/ or Current Account (both facility/ non	ot proceed.	1 to 50 51 to 100 Over 100
*		Facility) in a month (Please tick the appropriate column) Expected total Debit and Credit in a month Is customer activity relatively low cash Intensive.	: \$150,000 Total	Debit \$150,000 Total Credit MEDIUM HIGH (No. of cash (No. of cash
		(For Business Entity Only)	(No. of cash Trnx < 50 or Total aggregate <usd100k)< td=""><td>Trnx < 50 and Trnx > 50 Total aggregate and total >USD100K) aggregate >USD100K)</td></usd100k)<>	Trnx < 50 and Trnx > 50 Total aggregate and total >USD100K) aggregate >USD100K)
	16.	Expected total Turnover in a month (For Business entity only)	:	
		Existing or New Account (Please tick the appropriate column)	: x Existing A/C No:	1000010000008008 New
	18.	Account Type	Savings Fixed Deposit	X Current Others (please specify)
*	19.	Was there verification that the collateral is Not ill gotten?	: x Yes	No
P	REP	ARED BY:		
		Name & Hang Monyheat (AM)	Signature & Date	SW
		red by (Name) & Maeum Chhalean ation	√\Signature & Date	Carr

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 Note: if score is 2 please specify the reason in remark column	or N/A Not Applicable		
RISK SCORING:			
No. Question For All Categories 1. Is customer (Individual/ Business) a resident?	Score Remark		
Has the purpose of the credit application/account opening been clearly identified?	1		
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? 6. What type of collateral offered? (Please use the score below)	N/A		
6. What type of collateral offered? (Please use the score below) 1 Land/ 2 Other (please specify) 3 Fixed Deposit/ Cash Margin			
7. Was there verification that the collateral is not ill gotten?	1		
8. Are you comfortable with the individual customer/business integrity and reputation? For Corporation/ Commercial Only	1		
9. Is the director/shareholders background checked for AML purpose and PEP?	N/A		
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? Total Score	N/A		
CONCLUCTON			
CONCLUSION:			
Risk category: 7 Scoring (Please provide the scoring and tick the appropriate column)	LOW		
	9 and above HIGH		
- Risk Score (For Corporate & Commercial): 9 to 14 LOW Is the customer's expected transaction profile in line with customer profile/source of fun	d/source of wealth details obtained?		
(Please tick the appropriate column)	a, source or meanin actual obtained.		
Yes No			
PREPARED BY:			
Officer Name & Sok Radaman Signature & Date	Momail 23/07/18		
Concurred by (Name) & Signature & Date	alllatonia		

KYC FORM - CREDIT FACILITIES