

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. Leum Srey March |
| * 2. | Contact Number | : | |
| | ▪ Fixed Line | : | 012/016 442 146 |
| | ▪ Mobile | : | N/A |
| 3. | Correspondence / Business Address | : | |
| | Post Code | : | |
| * 4. | Country of Origin | : | Cambodia |
| 5. | Is Customer a Politically Exposed Person (PEP)? <i>(For Non-Resident Only)</i> | : | No |
| * 6. | Occupation Description / Nature of Business | : | Director Finance and Admin |
| 7. | Business Type : | : | <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
<input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Others (please specify)
Employment |
| 8. | Business Registration No & Registration Date | : | N/A |
| 9. | Employer's Name | : | Cambodian Distribution System (CDS) |
| 10. | Employer's Address | : | Online Building, #60, Monivong Blvd., 3rd floor Sangkat SrasChoe |
| 11. | Monthly Income / Combined Income (USD)
<i>(For Individual Only)</i> | : | 3,943.75 |
| 12. | If low margin of advance, is the differential sum identified to be from legal source?
<i>(Please tick the appropriate column)</i> | : | <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 <i>(Please tick the appropriate column)</i> | : | <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 | : | <input type="checkbox"/> N/A Total Debit <input type="checkbox"/> Total Credit |
| 15. | Is customer activity relatively low cash Intensive.
<i>(For Business Entity Only)</i> | : | <input type="checkbox"/> LOW (No. of cash Trnx < 50 or Total aggregate <USD100K) <input type="checkbox"/> MEDIUM (No. of cash Trnx < 50 and Total aggregate >USD100K) <input type="checkbox"/> HIGH (No. of cash Trnx > 50 and total aggregate >USD100K) |
| 16. | Expected total Turnover in a month
<i>(For Business entity only)</i> | : | N/A |
| 17. | Existing or New Account
<i>(Please tick the appropriate column)</i> | : | <input checked="" type="checkbox"/> Existing A/C No: 2010002000039079 <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

Signature &
Date

Concurred by (Name) & Designation Mr. Mom Ayuthny
Banking Service

Signature &
Date _____ 04-08-2017

KYC FORM – CREDIT FACILITIES

Ms. Chom Modyta

Banking Service Manager

04-08-2017

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 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) <div> <input type="text" value="1"/> Land/ Building <input type="text" value="2"/> Other (please specify) <input type="text" value="3"/> Fixed Deposit/ Cash Margin </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:

Scoring

LOW

(Please provide the scoring and tick the appropriate column)

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

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

Signature &
Date

Concurred by (Name) &
Designation

Signature &
Date