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. Cheav Seng
* 2.	Contact Number		
	• Fixed Line	:	
	• Mobile	:	099 9999 38
3.	Correspondence / Business Address	:	No. 27, St. 271, Ph. Trang Chuk, S/K Tek Thla, Kh. Sen Sok, PP
	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	:	

7. Business Type :
☐ Corporation ☐ Partnership
☐ Sole Proprietorship ☑ Others (please specify)

8.	Business Registration No & Registration Date	:	E009-1700056186
9.	Employer's Name	:	N/A
10.	Employer's Address	:	N/A
11.	Monthly Income / Combined Income (USD) *(For Individual Only)*	:	10,975.11

12. If low margin of advance, is the differential sum identified to be from legal source? *(Please tick the appropriate column)* : ☑ Yes ☐ 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)* : ☐ 01 to 10 ☐ 11 to 50 ☐ 51 to 100 ☐ Over 100

* 14. Expected total Debit and Credit in a month : _____ Total Debit _____ Total Credit

15. Is customer activity relatively low cash Intensive. *(For Business Entity Only)* :

☐ LOW	☐ MEDIUM	☐ 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)* : _____

17. Existing or New Account *(Please tick the appropriate column)* : ☑ Existing A/C No: 2010002000038615 ☐ 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 _____	Signature & Date _____
Concurred by (Name) & Designation _____	Signature & Date _____

RHB ♦ Indochina Bank

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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. Lay Yeang
*	2.	Contact Number	:	
		• Fixed Line	:	
		• Mobile	:	099 9999 38
	3.	Correspondence / Business Address	:	No. 27, St. 271, Ph. Trang Chuk, S/K Tek Thla, Kh. Sen Sok, PP
		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	:	

7. Business Type :

☐ Corporation	☐ Partnership
☐ Sole Proprietorship	☑ Others (please specify)

	8.	Business Registration No & Registration Date	:	E009-1700056186
	9.	Employer's Name	:	N/A
	10.	Employer's Address	:	N/A
	11.	Monthly Income / Combined Income (USD) *(For Individual Only)*	:	10,975.11

12. If low margin of advance, is the differential sum identified to be from legal source?
(Please tick the appropriate column)

: ☑ Yes   ☐ 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)*

: ☐ 01 to 10   ☐ 11 to 50   ☐ 51 to 100   ☐ Over 100

* 14. Expected total Debit and Credit in a month

: [   ] Total Debit   [   ] Total Credit

15. Is customer activity relatively low cash Intensive.
(For Business Entity Only)

☐ LOW	☐ MEDIUM	☐ 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)

:

17. Existing or New Account
(Please tick the appropriate column)

: ☑ Existing A/C No: 2010002000038615   ☐ 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	_____	Signature & Date _____
Concurred by (Name) & Designation	_____	Signature & Date _____