ឌខាឝា៖ ៖ ទេខេ ទី ឥណ្ឌូទៃនេសា RHB♦Indochina Bank

KYC FORM – CRE	EDIT FACILITIES
PART A This part is to be completed by the Front Office (e.g. Sa (Please indicate N/A to questions that are not applicable. However, the	Noc Personnell
CUSTOMER PROFILE;	
* 1. Name * 2. Contact Number	Phsar Big A Co., Ltd.
 Fixed Line Mobile Correspondence / Business Address Post Code 4. Country of Origin Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only) 	N/A (855) 95 898 789 No. 12 (Paragon Market), Street 214, Chey Chamas Commune, D N/A Cambodia No
* 6. Occupation Description / Nature of Business7. Business Type :	: Wholesale of sugar, SMG, and daily consumer Thai products : Corporation Partnership v Sole Proprietorship Others (please specify)
8. Business Registration No & Registration Date 9. Employer's Name 10. Employer's Address 11. Monthly Income / Combined Income (USD) (For Individual Only)	: Co.10633 KH/2007 : N/A : N/A : 439,671.10
 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 note: Low MOA is MOA below 80%. If answer is NO, do note: Low MOA is MOA below 80%. If answer is NO, do note: Low MOA is MOA below 80%. If answer is NO, do note: Low MOA is MOA below 80%. If answer is NO, do note: Low MOA is MOA. * 13. Expected number of transaction in Savings And/ or Current Account (both facility/ non Facility) in a month (Please tick the appropriate column) * 14. 	No (please specify)
 14. Expected total Debit and Credit in a month 15. Is customer activity relatively low cash Intensive. (For Business Entity Only) 	N/A Total Debit Total Credit
 16. Expected total Turnover in a month (For Business entity only) 17. Existing or New Account (Please lick the appropriate column) 18. Account Type 	Savings Fixed Deposit Suspense Others (please specify)
* 19. Was there verification that the collateral is Not ill gotten?	: v Yes No
PREPARED BY:	
Officer Name & Chhun Sotheary Designation BSM	Signature & 29-06-2017
Concurred by (Name) & Nhim Borey Designation BM	Signature & 29-06-2017

′	V	~	FΩ	DM	_	CD	En	TT	EA	CTI	TTTEC

P	Δ	R.	r	В

This part is to be completed by the Back Office Procuring Team (Please indicate N/A to questions that are not applicable)

RIS	K S	CO	RII	IG:
-----	-----	----	-----	-----

On assigning the score, kindly use 1 Yes

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

2 No

or

N/A Not Applicable

RISK SCORING:

No.	Question	Score	Remark
	II Categories		KCHIGIK
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	MARKET TO A STATE OF THE PARTY
4.	Is the source of income & repayment identifiable and is from their occupation/ business (not illegal business)?	1	Administration of the control of the
5.	If there is a guarantor, is the guarantor's background checked for AML purposed and PEP?	1	A CONTRACT A CONTRACT OF THE PROPERTY OF THE P
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	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8.	Are you comfortable with the individual customer/business integrity and reputation?	1	**************************************
or Co	prporation/ Commercial Only	1	
9.	Is the director/shareholders background checked for AML purpose and PEP?	1	
10.	Is the director/shareholders known not to be involved in any illegal/ immoral activities?	1	
11.	Is the customer's activity relatively low cash intensive?	1	
	Total Score		

CONCLUSION:

Risk category:

(Please provide the scoring and tick the appropriate column)

11 Scoring

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 fund/source of wealth details obtained? (Please tick the appropriate column)

X Yes

No

PREPARED BY:

Officer Name & Designation

Mr. Sok Ratanak

Assistant Manager

Signature &

Date

-29-06-2017

Concurred by (Name) &

Designation

Mr. Chiv Hak

Senoir Manager

Signature & Date

29-06-2017

ឆខាគា៖ ៖ ទេខេ ទី ឥណ្ឌូទៃសា RHB♦Indochina Bank

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 * 2. Contact Number • Fixed Line • Mobile 3. Correspondence / Business Address Post Code * 4. Country of Origin 5. Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only) * 6. Occupation Description / Nature of Business 7. Business Type:	Mdm. Chan Sarun : N/A : (855) 95 898 789 : No. 12 (Paragon Market), Street 214, Chey Chamas Commune, : N/A : Cambodia : No : Owner of Phsar Big A Co., Ltd. : Corporation Partnership v Sole Proprietorship Others (please specify)
 Business Registration No & Registration Date Employer's Name Employer's Address Monthly Income / Combined Income (USD) (For Individual Only) If low margin of advance, is the differential sum identified to be from legal source? (Please tick the appropriate column) 	: Co.10633 KH/2007 : N/A : N/A : 439,671.10 : v Yes
Note: Low MOA is MOA below 80%. If answer is NO, do * 13. Expected number of transaction in Savings And/ or Current Account (both facility/ non Facility) in a month (Please tick the appropriate column) * 14. Expected total Debit and Credit in a month 15. Is customer activity relatively low cash Intensive. (For Business Entity Only)	: v 01 to 10 11 to 50 51 to 100 Over 100
 16. Expected total Turnover in a month (For Business entity only) 17. Existing or New Account (Please tick the appropriate column) 18. Account Type * 19. Was there verification that the collateral is Not ill gotten? 	: N/A : Existing A/C No: v New : Savings Fixed Deposit Others (please specify) : v Yes No
PREPARED BY:	
Officer Name & Chhun Sotheary Designation BSM	Signature & 29-06-2017
oncurred by (Name) & Nhìm Borey resignation BM	Signature &

KYC FORM - CREDIT FACILITIES		
ART B nis part is to be completed by the Back Office Procuring Team ease indicate N/A to questions that are not applicable)		
RISK SCORING:		
n assigning the score, kindly use 1 Yes 2 No te: if score is 2 please specify the reason in remark column	or	N/A Not Applicable
ISK SCORING:		
o. Question or All Categories	Scor	e Remark
Is customer (Individual/ Business) a resident?	T	
Has the purpose of the credit application/account opening been clearly identified?	1 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	
If there is a guarantor, is the guarantor's background checked for AML purposed and PEP?	1	
What type of collateral offered? (Please use the score below) 1 Land/ 2 Other (please specify) 3 Fixed Deposit/ Cash Margin	1	
Was there verification that the collateral is not ill gotten?	1	The state of the s
Are you comfortable with the individual customer/business integrity and reputation?	1	
r Corporation/ Commercial Only		
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? Is the customer's activity relatively low cash intensive?	N/A	
Total Score	N/A	
PNCLUSION:		

CONCLUSION: Risk category: (Please provide the scoring and tick the ap · 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 fund/source of wealth details obtained? (Please tick the appropriate column) X Yes No

PREPARED BY: Signature & Signature & Date Mr. Sok Ratanak Officer Name & 29-06-2017 Designation Assistant Manager Mr. Chiv Hak Concurred by (Name) & Designation Senoir Manager 29-06-2017 Date

ឆខាគារ ទ ទេខេ ម៊ី ឥល្ស៊ិនលោះ RHB⊕Indochina Bank

KYC	FORM	_	CREDIT	FACTI	TTTEC
-----	-------------	---	--------	-------	-------

PART A KYC FORM - C	REDIT FACILITIES
This part is to be completed by the Front Office (e.g. (Please indicate N/A to questions that are not applicable. However,	Sales Personnel)
CUSTOMER PROFILE:	are mandatory)
* 1. Name * 2. Contact Number • Fixed Line • Mobile	Mr. Chan Vay
3. Correspondence / Business Address Post Code * 4. Country of Origin 5. Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only) * 6. Occupation Description / Nature of Business 7. Business Type:	(855) 95 898 789 No. 12 (Paragon Market), Street 214, Chey Chamas Commune N/A Cambodia No Owner of Phsar Blg A Co., Ltd.
	Corporation Partnership V Sole Proprietorship Others (please specify)
9. Employer's Name 10. Employer's Address 11. Monthly Income / Combined Income (USD) (For Individual Only)	: Co.10633 KH/2007 : N/A : N/A : 439,671.10
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.	Yes No (please specify)
And/ or Current Account (both facility/ non Facility) in a month (Please tick the account)	: v 01 to 10 11 to 50 51 to 100 Cver 100
* 14. Expected total Debit and Credit in a month 15. Is customer activity relatively low cash Intensive. (For Business Entity Only)	N/A Total Debit Total Credit
16. Expected total Turnover in a month (For Business entity only)17. Existing or New Account	: N/A >USD100K)
(Please tick the appropriate column) 18. Account Type	Existing A/C No: Current Savings V Current Others (please specify)
* 19. Was there verification that the collateral is Not ill gotten?	; v Yes No
PREPARED BY:	
Officer Name & Chhun Sotheary Designation BSM	Signature & Date 29-06-2017
Concurred by (Name) & Nhim Borey Designation BM	Signature &

Signature & *
Date

29-06-2017

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	CSC	ORI	NG:
------	-----	-----	-----

On assigning the score, kindly use Note: if score is 2 please specify the reason in remark column

1 Yes

2 No

N/A Not Applicable

RISK SCORING:

No.	Question	Score	Remark
For A	II 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?	1	
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	Market Control of Market Market Control of Market Control of Contr
8.	Are you comfortable with the individual customer/business integrity and reputation?	1	
For Co	prporation/ 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:

(Please provide the scoring and tick the appropriate column)

8 Scoring LO)W

· 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 fund/source of wealth details obtained? (Please tick the appropriate column)

X Yes

No

PREPARED BY:

Officer Name & Designation

Designation

Mr. Sok Ratanak

29-06-2017

Concurred by (Name) &

Mr. Chiv Hak

Assistant Manager

Senoir Manager

Signature & Johnson

Signature & Signature Signature &

Date

29-06-2017