ឆខាការ៖ ម មេខ ទ៊ី ឥំពន្លុទៃខនារ RHB♦Indochina Bank

KYC FORM - CREDIT FACILITIES

PART A

This part is to be completed by the Front Office (e.g. Sales Personnel)

(P	lease i	indicate N/A to questions that are not applicable. However, those	marked with * are mand	datory)
(ะบรา	OMER PROFILE:		
*	1.	Name	: Mr. Eung Leang Seng	
*	2.	Contact Number		
		 Fixed Line 	: <u>N/A</u>	
		Mobile	: 012 709 554 / 017 87	⁷ 9 796 (daughter)
	3.	Correspondence / Business Address	: <u>N/A</u>	
ı		Post Code	: N/A	
*	4.	Country of Origin	: Cambodia : No	en ja
	5.	Is Customer a Politically Exposed Person (PEP)? (For Non-Resident Only)	. 100	25 E CO C 25 E S S C C 25 C C C C C C C C C C C C C C C C
*	6.	Occupation Description / Nature of Business	: Importer and wholesa	aler of construction material
	7.	Business Type :	: Corporation	Partnership
			x Sole Proprietorshi	Others (please specify)
	8.	Business Registration No & Registration Date	: <u>N/A</u>	Constitution of the consti
	9.	Employer's Name	: Mao Kimsean Trading	
		Employer's Address		R#2, Sangkat Chak Angre Krom, Khan Mear
		Monthly Income / Combined Income (USD) (For Individual Only)	: USD186,000.00	
	12.	If low margin of advance, is the differential sum identified to be from legal source?	: x Yes	No (please specify)
		(Please tick the appropriate column)		
		Note: Low MOA is MOA below 80%. If answer is NO, do no	ot proceed.	
*	13.	Expected number of transaction in Savings And/ or Current Account (both facility/ non	: 01 to 10 x 11	1 to 50 51 to 100 Over 100
		Facility) in a month (Please tick the appropriate column)	MARINA MARINA COLON MORTANA A SPORT	cmanilasta stangat applikationa (c. standa superior applikationa superior applikationa superior applikationa s
*	14.	Expected total Debit and Credit in a month	: USD100,000 Total (Debit USD100,000 Total Credit
	15.	Is customer activity relatively low cash	LOW	MEDIUM
		Intensive.	(No. of cash	(No. of cash (No. of cash
		(For Business Entity Only)	Trnx < 50 or	Trnx < 50 and $Trnx > 50$
			Total aggregate	Total aggregate and total
			<usd100k)< td=""><td>>USD100K) aggregate >USD100K)</td></usd100k)<>	>USD100K) aggregate >USD100K)
	16.	Expected total Turnover in a month	:	
		(For Business entity only)	EXX.	
	17.	Existing or New Account	Existing A/C No:	x New
	10	(Please tick the appropriate column) Account Type	: Savings	x Current
	10.	Account Type	Fixed Deposit	Others (please specify)
*	19.	Was there verification that the collateral is	: X Yes	No
		Not ill gotten?	- thinns	Continue
	REP	ARED BY:		
				/
	_	Dearw Carali		b al
		Name & Roeun Sarak	Signature &	Resal 12/02/18
DE	sign	alion Senior Executive	Date	(2/04/8
		Voons Champana		// -
		red by (Name) & Keang Chanveasna	Signature &	1/008005
De	sign	ation Branch Manager	Date	12/0/18
				,

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, k	-	Yes 2 No	or N/A	Not Applicable
Note: if score is 2 please spec	cify the reason in remark colu	mn		
RISK SCORING:				
No.	Question		Score	Remark
For All Categories			in line and the	The state of the s
2. Has the purpose of t	ual/ Business) a resident? he credit application/account	opening been clearly	1	
1	siness classified as low risk?	***************************************	1	1 1 1
	category High Risk Business) me & repayment identifiable a	and is from their occupation/	1	
5. If there is a guarante	or, is the guarantor's backgro	und checked for AML	N/A	
purposed and PEP? 6. What type of collater	ral offered? (Please use the so	core below)		
1 Land/ Building	2 Other (please specify)	Fixed Deposit/ Cash Margin	1	
7. Was there verification	n that the collateral is not ill	gotten?	1	
8. Are you comfortable reputation?	with the individual customer,	business integrity and	1	
For Corporation/ Comme	rcial Only			
9. Is the director/share	holders background checked	for AML purpose and PEP?	N/A	
10. Is the director/share activities?	holders known <u>not</u> to be invo	lived in any illegal/ immoral	N/A	
11. Is the customer's act	civity relatively low cash inter		N/A	
	I.	otal Score		
CONCLUSION:				
RIsk category: (Please provide the scoring and t	ick the appropriate column)	7 Scoring	LOW	
Risk Score (For Consum	ner): LOW HIGH	6 to 8 LOW	9 and above	HIGH
Risk Score (For Corpora	ate & Commercial):	9 to 14 LOW	15 and above	HIGH
Is the customer's expected tr (Please tick the appropriate of	•	customer profile/source of fu	ind/source of wea	alth details obtained?
X Yes No	•			
PREPARED BY:				
			_	
Officer Name 9	Srean Raksmey	Cianatu 0		1
Officer Name & Designation	Senior Manager	Signature & Date	/Xnx/	12/02/18
Canada de Alla de de la compansión de la	Keang Chanveasna	A 1. • A	1 / .	
Concurred by (Name) & Designation	Branch Manager	Signature & Date	floars	DE COSTIN

Branch Manager

KYC	FORM	- CR	EDIT	FA	CIL	ITIES
RIC	FURIT	CR		- M		

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	TOMER PROFILE:					
*	1.	Name	: Mdm. Mao Kimsean				
*	2.	Contact Number		Absolu			
		 Fixed Line 	: MA	********			
	_	• Mobile	: 012 709 554 / 017 879 796 (daughter)	, be septy of the			
	3.	Correspondence / Business Address	: NA	*******			
*	4.	Post Code Country of Origin	: N/A : Cambodia				
	٠. 5.	Is Customer a Politically Exposed Person	: No	nddown			
	٥.	(PEP)? (For Non-Resident Only)					
*	6.	Occupation Description / Nature of Business	: Importer and wholesaler of construction material	ayanyar.			
	7.	Business Type :	: Corporation Partnership	-			
	<i>,</i> .	business type :	harmonia harmonia				
			X Sole Proprietorship Others (please specify)				
	8.	Business Registration No & Registration Date	: N/A				
	9.	Employer's Name	: Mao Kimsean Trading Co., Ltd	abanglatur			
	10.	Employer's Address	: House#662, Street/NR#2, Sangkat Chak Angre Krom, Khan Me	ear			
	11.	Monthly Income / Combined Income (USD)	: USD186,000.00				
		(For Individual Only)	incorn tours				
	12.	If low margin of advance, is the differential	: x Yes No (please specify)				
		sum identified to be from legal source?	THE RESERVE AND THE PROPERTY OF THE PROPERTY O				
		(Please tick the appropriate column) Note: Low MOA is MOA below 80%. If answer is NO, do no	t proceed				
*	13.	Expected number of transaction in Savings	: 01 to 10 x 11 to 50 51 to 100 Over 100				
		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	: USD100,000 Total Debit USD100,000 Total Credit				
	15.	Is customer activity relatively low cash	LOW MEDIUM HIGH				
		Intensive.	(No. of cash (No. of cash				
		(For Business Entity Only)	Trnx < 50 or				
			Total aggregate and total				
			<usd100k)>USD100K) aggregate</usd100k)>				
	1.0	Franched total Transcription of month	>USD100K)	2853			
	10.	Expected total Turnover in a month (For Business entity only)					
	17.	Existing or New Account	Existing A/C No:				
	_,.	(Please tick the appropriate column)					
	18.	Account Type	: Savings x Current				
			Fixed Deposit Others (please specify)				
			TERRORAN PROCESSOR SANCTON SAN				
*	19.		: x Yes No				
		Not ill gotten?					
P	REP	ARED BY:					
			()				
	Officer Name & Roeun Sarak		Signature & Squal 2018				
De	sign	ation Senior Executive	Date // 12/02/36/8				
			` / /				
C٥	ncur	red by (Name) & Keang Chanveasna	Signature &				
		ation Branch Manager	Date Below 18				

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)

12					
RISK	SCORING:				
On 200	cianina the score	kindly uso 1 V	es 2 No	or N/	A Not Applicable
	signing the score, Siscore is 2 please sp	ecify the reason in remark column		ָלְאָנֵין וּט	A Juor Abblicable
RISK	SCORING:				
No.		Ouestion		Score	Remark
	ll Categories				
1. 2.	· · · · · · · · · · · · · · · · · · ·	idual/ Business) a resident? f the credit application/account on	ening been clearly	1	
	identified?			1	
3.	1	business classified as low risk? k category High Risk Business)		1	
4.		come & repayment identifiable and	d is from their occupation,	1	
5.	<u> </u>	ntor, is the guarantor's backgroun	d checked for AML	N/A	
6.	<u> </u>	eral offered? (Please use the scor	e below)		
	land/	Other (please specify)	Fixed Deposit/	1	
	1 Land/ Building	2 Other (please specify)	3 Cash Margin		
7.	Was there verificat	ion that the collateral is not ill go	tten?	1	
8.	1	le with the individual customer/bu	isiness integrity and	1	BE 2 1072 1-2-2-00 PROPER TO SECURE 1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
For Co	reputation? prporation/ Comm	nercial Only			immentiumer transcrite (december on a transcrite)
9.		reholders background checked for	· AML purpose and PEP?	N/A	
10.	Is the director/sha activities?	reholders known <u>not</u> to be involve	ed in any illegal/ immoral	N/A	
11.		activity relatively low cash intensi	ve?	N/A	
	100 mm (100 mm) (100	Tota	al Score		
CONIC	CLUCTON				
CONC	CLUSION:				
	itegory:	d tick the appropriate column)	7 Scoring	LOW	2000
	•	d tick the appropriate column)	6 to 8 1 0 11	O and above	urcu
	-	umer): LOW HIGH	6 to 8 LOW	9 and above	HIGH
	` .	orate & Commercial):	9 to 14 LOW	15 and above	
	ustomer's expected tick the appropriate	transaction profile in line with cure column)	stomer profile/source of fo	und/source of we	ealth details obtained?
	X Yes No	o			
ľ	School Sc				
PREP	ARED BY:				
				α	0
Officer	Name &	Srean Raksmey	Signature &	Hann 1	
Design	ation	Senior Manager	Date	PVV	12/02/18
				J soller	/ /
	red by (Name) &	Keang Chanveasna	Signature &	/fel	STA STATE
Design	auvii	Branch Manager	Date		10 Posts

KYC	FORM	_	CREDIT	F	Α	CIL	.ITIES
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PART A
This part is to be completed by the Front Office (e.g. Sales Personnel)

(Pi	ease i	indicate N/A to questions that are not applicable. However, those	marked with * are mandatory)	
(ะบรา	TOMER PROFILE:		
*	1.	Name	: Mr. Eung Maugkim	
*	2.	Contact Number - Fixed Line	: N/A appear to the second of	
		Mobile	: 017 879 796	
	3.	Correspondence / Business Address	: N/A	
	٥.	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	: Importer and wholesaler of o	construction material
	7.	Business Type :	: Corporation	Partnership
			x Sole Proprietorship	Others (please specify)
	8.	Business Registration No & Registration Date	: N/A	
	9.	Employer's Name	: Mao Kimsean Trading Co., Lt	.d
		Employer's Address		angkat Chak Angre Krom, Khan Mean
	11.	Monthly Income / Combined Income (USD) (For Individual Only)	: USD186,000.00	
	12.	If low margin of advance, is the differential sum identified to be from legal source?	: X Yes	No (please specify)
		(Please tick the appropriate column)		
*	13.	Note: Low MOA is MOA below 80%. If answer is NO, do n Expected number of transaction in Savings And/ or Current Account (both facility/ non	ot proceed. : 01 to 10 x 11 to 50	51 to 100 Over 100
		Facility) in a month (Please tick the appropriate column)	1.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
*	14.	Expected total Debit and Credit in a month	: USD100,000 Total Debit	USD100,000 Total Credit
	15.	Is customer activity relatively low cash		1EDIUM HIGH
		Intensive.	,	No. of cash (No. of cash
		(For Business Entity Only)		rnx < 50 and Trnx > 50
				otal aggregate and total -USD100K) aggregate >USD100K)
	16.	Expected total Turnover in a month (For Business entity only)	•	- O. S. D. L. C.
	17.	Existing or New Account (Please tick the appropriate column)	Existing A/C No:	x New
	18.	Account Type	: Savings x C	Current
			- Hara	Others (please specify)
*	19.	Was there verification that the collateral is Not ill gotten?	: X Yes N	lo
P	REP	ARED BY:		
			/.	1
Ωf	ficer	Name & Roeun Sarak	Signature &	
		ation	Date	12/02/2018
		Senior Executive		7 70 -10
		rod by (Namo) & Keang Chanveasna	61	and the second
		red by (Name) &	Signature &	more
ъe	sign	ation Branch Manager	_ Date	12/02/18

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 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	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)? 	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)	
1 Land/ Building 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	narak (1. 1818)
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
CONCLUSION:	
Risk category: (Please provide the scoring and tick the appropriate column)	LOW
	and above HIGH
- Risk Score (For Corporate & Commercial): 9 to 14 LOW 19	5 and above HIGH
Is the customer's expected transaction profile in line with customer profile/source of fundobtained? (Please tick the appropriate column)	d/source of wealth details
X Yes No	
PREPARED BY:	- Marie - Mari
	0 0
Officer Name & Srean Raksmey Signature &	6/1/
Designation Senior Manager Date	12/02/18
Concurred by (Name) & Keang Chanveasna Signature &	//ansnus
Designation Branch Manager Date	12/02/18