
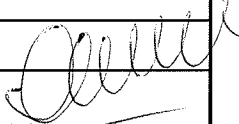


Enhanced Due Diligence (EDD) Form – Business Entities

Enhanced Due Diligence (EDD) Template for High Risk Customer					
CUSTOMER NAME		: Mr. Khoeurn Kheang and Mdm. Kim Kanika			
REGISTRATION NUMBER		: N/A			
NATURE OF BUSINESS		: Grocery items and money exchange and transfer			
COUNTRY OF PARENT COMPANY/INCORPORATION/OPERATION		: Cambodia			
BRANCH ACCOUNT ESTABLISHED		: TKK			
ACCOUNT NUMBER/TYPE/BALANCE		: New Account			
RELATIONSHIP MANAGER		: Mr. Chiv Hak			
DIVISION/DEPARTMENT		: Retail and Consumer/Business Development & Mar			
DATE OF KYC FORM COMPLETED		: 3-Jan-18			
Item	Task/ Requirements	Answers			If answer is 'No', please provide justification
		PLEASE TICK (✓) WHERE APPLICABLE			
Section 1: Customer Background		YES	NO	N/A	
	Is this entity from a Low Risk country? <i>Please refer to Table 1 of Appendix A for list of high risk country.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Is this entity from a Low Risk business? <i>Please refer to Table 2 of Appendix A for list of high risk businesses.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Are you satisfied with the purpose/reason given by the customer in applying the facility(ies)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Have you established that the customer's source of capital is from legitimate means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Have you established whether the customer's source of fund for the business operation is from legitimate means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Have you performed the checks for the following and determined that there is no AML/CFT risk including watchlist and PEP screening? - Entity - Shareholder - Director - Guarantor	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Have you obtained the clearance from AML/CFT Compliance on the positive matched against the Watchlist? <i>Please indicate the date of confirmation received: 03-Jan-18</i> <input checked="" type="checkbox"/> Proceed. <input type="checkbox"/> Do not Proceed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 2: Business & Beneficial Ownership		YES	NO	N/A	
	Do you fully understand the customer's business, its ownership and control structure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Have you identified the person(s) (natural person) who have the ultimate control or ownership of the business?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Have you verified that the management, shareholder and directors are not from any of the sanctioned country? <i>Please refer Table 1 of Appendix A for list of high risk country.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Has the entity been operating under the same registered name?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 3: Transaction and Operation of the Business		YES	NO	N/A	
	Do you pay particular attention to, and exercise extra care in respect of transactions and business connected with jurisdiction assessed as higher risk?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Is this a low cash activity business?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Will the entity be receiving and making domestic payments only? If 'No', please provide justification on the countries involved.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Information					
Other details obtained from telephone conversation/face-to-face meetings/media (please add annexure if necessary) N/A					
Conclusion					
Source of funds/capital/transactions (Please (✓) the following) <input type="checkbox"/> Suspicious <input checked="" type="checkbox"/> Not Suspicious Note: If you have answered 'NO' to any of the above questions, you need to identify if the business is suspicious. If not suspicious, please provide adequate justification.		If Suspicious, submit SAR. If not suspicious, you may proceed to seek approval for account opening / continue relationship			
Conclusion on application: <input checked="" type="checkbox"/> Proceed <input type="checkbox"/> Do not proceed (please attach annexure, if necessary)					
Date of review: 03-Jan-2018		Date of next review: N/A			
Attending Personnel Initials :  Name : Sok Ratanak Date : 03-Jan-2018		Approved by: Initials :  Supervisor/BM/Center/Dept/Div Head Name : Chiv Hak Date : 03-Jan-2018			