|  | Enhanced Due Diligence (EDD) Template for High Risk Customer |   |       |                  |           |                |   |  |  |  |
|--|--|---|-------|------------------|-----------|----------------|---|--|--|--|
|  | CUSTOMER N   | <ul><li>: Mr. Eng Kheang and Mdm. Chiv Lytha</li><li>: Jewelry Business</li></ul>                             |       |                  |           |                |   |  |  |  |
|  | REGISTRATIO  |   |       |                  |           |                |   |  |  |  |
|  | NATURE OF B  |   |       |                  |           |                |   |  |  |  |
| į.   |  | PARENT COMPANY/INCORPORATION/OPERATION  | :     |                  |           |                |   |  |  |  |
|  |  | RANCH ACCOUNT ESTABLISHED   |       |                  | :         |                |   |  |  |  |
|  |  | MBER/TYPE/BALANCE   | :     |                  |           |                |   |  |  |  |
|  |  |   |       |                  |           |                |   |  |  |  |
|  | RELATIONSHIP MANAGER   |   |       | : Chiv Hak       |           |                |   |  |  |  |
|  | DIVISION/DE  |   |       | : Branch Manager |           |                | :                                       |  |  |  |
|  | DATE OF KYC CREDIT FORM COMPLETED                            |   |       | : 22-Jul-14      |           |                |   |  |  |  |
| The state of the s |  |   | A     | nswers           |           | If answ        | er is 'No',                             |  |  |  |
|  | Item   | Task/ Requirements  |       |                  |           | please provide |   |  |  |  |
|  | it Gill  | Tuoiy Tooyan  |       |                  |           |                | justification                           |  |  |  |
|  | ]  |   |       |                  |           |                |   |  |  |  |
|  |  |   |       |                  |           |                |   |  |  |  |
|  |  | Is this entity from a Low Risk country?  Please refer to Table 1 of Appendix A for list of high risk country. |       | ш                |           |                |   |  |  |  |
|  |  |   | /     |                  |           | 11             |   |  |  |  |
|  |  | Is this entity from a Low Risk business?  |       |                  |           |                |   |  |  |  |
| in Wildows   |  | Please refer to Table 2 of Appendix A for list of high risk businesses  | •     |                  |           | •              |   |  |  |  |
|  |  | Are you satisfied with the purpose/reason given by the customer in  |       |                  |           |                |   |  |  |  |
|  |  | applying the credit facility(ies)?  |       |                  |           |                |   |  |  |  |
|  |  | Have you established that the customer's source of capital is from  | V     |                  |           | -              |   |  |  |  |
|  |  | legitimate means?   |       |                  |           |                |   |  |  |  |
|  |  | Have you established whether the customer's source of fund for the  |       |                  | -         | :              | 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / |  |  |  |
|  |  | business operation is from legitimate means?  |       |                  | 닏ㅣ        |                |   |  |  |  |
|  |  | Have you performed the checks for the following and determined that   | nt    |                  |           |                |   |  |  |  |
|  |  | there is no AML/CFT risk including watchlist and PEP screening?   |       |                  | r         |                |   |  |  |  |
|  |  | - Entity  | ᅵ닏    |                  |           |                |   |  |  |  |
|  |  | - Shareholder   |       |                  |           |                |   |  |  |  |
|  |  | - Director  |       |                  | M         |                |   |  |  |  |
|  | i  | - Guarantor   |       |                  | J         |                |   |  |  |  |
|  |  | Have you obtained the clearance from AML/CFT Compliance on the  |       |                  | /         |                |   |  |  |  |
| ,  |  | positive matched against the Watchlist?   |       |                  | $\square$ |                |   |  |  |  |
|  |  | Please indicate the date of confirmation received:  |       |                  |           |                |   |  |  |  |
| •  |  | Proceed.  | ŀ     |                  | r         |                |   |  |  |  |
|  |  | Do not Proceed.   |       |                  |           |                |   |  |  |  |
| <b>?</b><br>₽  |  |   |       |                  |           |                |   |  |  |  |
| -9*  |  | Do you fully understand the customer's business, its ownership  | and   |                  |           |                |   |  |  |  |
|  |  | control structure?  |       |                  |           |                |   |  |  |  |
| a.<br>A  |  | Have you identified the person(s) (natural person) who have the ulti  | mate  |                  |           |                | •                                       |  |  |  |
|  |  | control or ownership of the business?   |       |                  |           | }              |   |  |  |  |
| 4 -  |  | Have you verified that the management, shareholder and director   | s are |                  |           |                |   |  |  |  |
|  |  | not from any of the sanctioned country?   | ا ا   |                  | ╽╙┚       |                |   |  |  |  |
| <u>f</u>   |  | Please refer Table 1 of Appendix A for list of high risk country.   |       | 4                |           | -              |   |  |  |  |
|  |  | Has the entity been operating under the same registered name?   |       |                  |           |                |   |  |  |  |

| Do you pay particular attention to, and exercise extra care in respect of |   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| transactions and business connected with jurisdiction assessed as         |   |  |  |  |  |  |  |  |
| higher risk?  |   |  |  |  |  |  |  |  |
| Is this a low cash activity business?                                     |   |  |  |  |  |  |  |  |
| Will the entity be receiving and making do                                |   |  |  |  |  |  |  |  |
| If 'No', please provide justification on the countries involved.          |   |  |  |  |  |  |  |  |
| ii ito , picase provide justinoation on the                               |   | 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |  |  |  |  |  |
| Other details obtained from telephone conversation/face-to                | o face meetings/media   | (please add annexure if necessary)   |  |  |  |  |  |  |
| Other details obtained from telephone conversation/ lace-to               | o-race meetings/ media  | (please and aimoxure it incoessary)  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
| 1   |   |  | :  |  |  |  |  |  |
| 27  |   | The second secon | ,  |  |  |  |  |  |
| Course of funds (control /transportions                                   | If Suspicious, submit   | SAR  |  |  |  |  |  |  |
| Source of funds/capital/transactions (Please (x) the following)           |   | may proceed to seek approval for account   | t opening /  |  |  |  |  |  |
| ▲ NO 프트플 (이 1): 1 이 전환 이 점이 네트 이 시간   | continue relationship   | 그는 동생물리로 보다 되는 일일이라고 한 환환 전혀 본 향상하네 되고 있는 것이다.   |  |  |  |  |  |  |
| Suspicious  | Continue relationship   | and the second s | STATE OF THE STATE |  |  |  |  |  |
| 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.                 |   |  | Yes Y  |  |  |  |  |  |
| Conclusion on credit application:   |   |  |  |  |  |  |  |  |
| <b>▼</b> Proceed  |   |  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
| Do not proceed  |   | the state of the s |  |  |  |  |  |  |
| (please attach annexure, if necessary)                                    |   |  |  |  |  |  |  |  |
| Date of review:   | Date of next review:  |  |  |  |  |  |  |  |
| Date of Tevien.   |   | Connell  |  |  |  |  |  |  |
|   | Approved by:  | / (AIVW)   | * · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
| Attending Personnel   | Initials  |  |  |  |  |  |  |  |
| Initials :  |   | Chir Hand Name + Chir Hale   |  |  |  |  |  |  |
| Name : Hour Chamro  | Supervisor/BM/Center/Dept/Div Head Name: Chiv Hak Date: 22 Jul 2014 |  |  |  |  |  |  |  |
| Date : 22 Jul 2014  | Date  | : 22 Jul 201   | 4  |  |  |  |  |  |