

KYC FORM - CREDIT FACILITIES

PART A

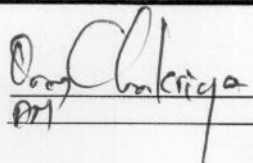
This part is to be completed by the Front Office (e.g. Sales Personnel)
(Please indicate N/A to questions that are not applicable. However, those marked with * are mandatory)

CUSTOMER PROFILE:

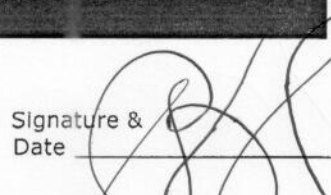
- * 1. Name : Mr. Ban Chenda
- * 2. Contact Number :
 ▪ Fixed Line :
 ▪ Mobile : 010 555 253
3. Correspondence / Business Address : St. Northbridge, Phum Sleng Roleung, Sangkat Teok Thla, Khan Sen Sok, Phnom Penh, Cambodia.
 Post Code :
- * 4. Country of Origin : Cambodia
5. Is Customer a Politically Exposed Person (PEP)? : No
- * 6. Occupation Description / Nature of Business : Programming Director
7. Business Type : ☐ Corporation ☐ Partnership
☐ Sole Proprietorship ☐ Others: (Please specify)
8. Business Registration No & Registration Date :
 9. Employer's Name : Southeast Asia Television
 10. Employer's Address : St. Northbridge, Sangkat Toek Thla, Khan Sen Sok, Phnom Penh, Cambodia.
11. Monthly Income / Combined Income (USD) : USD1,785.43
 (For Individual Only)
12. If low margin of advance, is the differential sum identified to be from legal source? : ☒ Yes ☐ No (Please specify:)
 (Please tick the appropriate column)
 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 : USD500 Total Debit USD500 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: ☒ 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

 09/06/2017

Concurred by (Name) & Designation

Nhim Borey
Branch Manager

Signature & Date



09/06/2017.

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 SCORING:

On assigning the score, kindly use ☐ 1 Yes, ☐ 2 No or ☐ N/A Not Applicable
Note: if score is 2 please specify the reason in remark column

RISK CATEGORY AND QUESTIONS:

No.	Question	Score	Remark
For All 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?	N/A	
6.	What type of collateral offered? (Please use the score below)		
	<input type="checkbox"/> 1 Land/ Building <input type="checkbox"/> 2 Others (Please specify: _____) <input type="checkbox"/> 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			
9.	Is the director/shareholders background checked for AML purpose and PEP?	N/A	
10.	Is the director/shareholders known <u>not</u> to be involved in any illegal/ immoral activities?	N/A	
11.	Is the customer's activity relatively low cash intensive?	N/A	
Total Score		7	

CONCLUSION:

Risk category: ☐ 7 Scoring ☒ Low ☐ High
(Please provide the scoring and tick the appropriate column)

- Risk Score (For Consumer): ☐ 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)

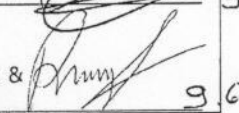
☒ Yes ☐ No

PREPARED BY:

Officer Name & Designation Tek Sovichet
Assistant Manager, Mortgage

Signature & Date  9.6.17

Concurred by (Name) & Designation Srean Raksmeay
Senior Manager, MC & Mortgage

Signature & Date  9.6.17

KYC FORM - CREDIT FACILITIES

PART A

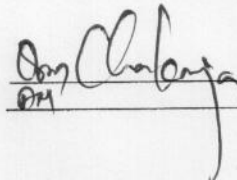
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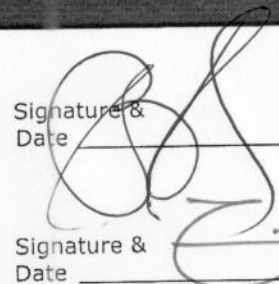
- * 1. Name : Miss. Ban Socheat
- * 2. Contact Number :
 ▪ Fixed Line :
 ▪ Mobile : 010 555 253
3. Correspondence / Business Address : St. Northbridge, Phum Sleng Roleung, Sangkat Teok Thla, Khan Sen Sok, Phnom Penh, Cambodia.
- Post Code :
 * 4. Country of Origin : Cambodia
5. Is Customer a Politically Exposed Person (PEP)? : No
- * 6. Occupation Description / Nature of Business : Accountant
7. Business Type : ☐ Corporation ☐ Partnership
☐ Sole Proprietorship ☐ Others: (Please specify...)
8. Business Registration No & Registration Date :
 9. Employer's Name : Hout Chea Company Co., Ltd.
 10. Employer's Address : No. 10, St. 271, corner of St. 371, Phnom Penh, Cambodia.
11. Monthly Income / Combined Income (USD) : USD1,785.43
 (For Individual Only)
12. If low margin of advance, is the differential sum identified to be from legal source? : ☒ Yes ☐ No (Please specify:)
 (Please tick the appropriate column)
 Note: Low MOA is MOA below 80%. If answer is NO, do not proceed.
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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: ☒ 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


 PH

Signature & Date


 09/06/2017

Concurred by (Name) & Designation

Nhim Borey
 Branch Manager

Signature & Date


 09/06/2017

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 SCORING:On assigning the score, kindly use ☐ 1 Yes, ☐ 2 No or ☐ N/A Not Applicable

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RISK CATEGORY AND QUESTIONS:

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For All 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?	N/A	
6.	What type of collateral offered? (Please use the score below) <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1 Land/ Building</div> <div><input type="checkbox"/> 2 Others (Please specify: _____)</div> <div><input type="checkbox"/> 3 Fixed Deposit/ Cash Margin</div> </div>	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			
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		7	

CONCLUSION:


Risk category:

(Please provide the scoring and tick the appropriate column)

▪ Risk Score (For Consumer):

<input type="checkbox"/> 7	Scoring	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> High
<input type="checkbox"/> 6 to 8	LOW	<input type="checkbox"/> 9 and above	HIGH
<input type="checkbox"/> 9 to 14	LOW	<input type="checkbox"/> 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)

☒ Yes ☐ No**PREPARED BY:**Officer Name &
DesignationTek Sovichet
Assistant Manager, MortgageSignature &
Date 9-6-17Concurred by (Name) &
DesignationSrean Raksmeay
Senior Manager, MC & MortgageSignature &
Date 9-6-17