

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 SCORING:

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)	2	
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			
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			

CONCLUSION:

Risk category:

(Please provide the scoring and tick the appropriate column)

• Risk Score (For Consumer): LOW HIGH

6 to 8

Scoring

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

Mr. Sok Ratanak
Assistant Manager

Signature &
Date

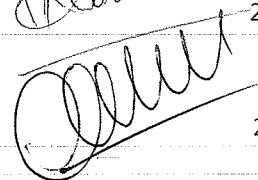


27-02-2017

Concurred by (Name) &
Designation

Mr. Chiv Hak
Senior Manager

Signature &
Date



27-02-2017

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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

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)

☒ Yes

☐ No

PREPARED BY:

Officer Name &
Designation

Mr. Sok Ratanak
Assistant Manager

Signature &
Date

27-02-2017

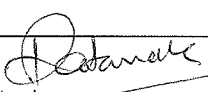
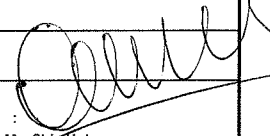
Concurred by (Name) &
Designation

Mr. Chiv Hak
Senior Manager

Signature &
Date

27-02-2017

Enhanced Due Diligence (EDD) Form – Business Entities

Enhanced Due Diligence (EDD) Template for High Risk Customer					
CUSTOMER NAME		Mr. Duong Phakdey and Mdm. Oum Sopheak			
REGISTRATION NUMBER		0330			
NATURE OF BUSINESS		Car dealer			
COUNTRY OF PARENT COMPANY/INCORPORATION/OPERATION		Cambodia			
BRANCH ACCOUNT ESTABLISHED		TKK			
ACCOUNT NUMBER/TYPE/BALANCE		New			
RELATIONSHIP MANAGER					
DIVISION/DEPARTMENT					
DATE OF KYC FORM COMPLETED		3-Mar-17			
Item	Task / Requirements	Answers			If answer is 'No', please provide justification
		PLEASE TICK (✓) WHERE APPLICABLE	YES	NO	
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"/>	Car Dealer
	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 type="checkbox"/>	<input checked="" 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-Mar-2017</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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Has the entity been operating under the same registered name?	<input 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:		Date of next review:			
Attending Personnel Initials :  Name : Mr. Sok Ratanak Date : 03-Mar-2017		Approved by: Initials :  Supervisor/BM/Center/Dept/Div Head Name : Mr. Chiv Hak Date : 03-Mar-2017			