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| **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 : Mdm. Sourkea Naly   * Fixed Line : * Mobile : 012 983 888   3. Correspondence / Business Address : No. J311Eo, St. 271, S/K. Tumnup Teok,  Kh. Chamkarmon, Phnom Penh  Post Code : No  **\*** 4. Country of Origin : Cambodian  5. Is Customer a Politically Exposed Person  (PEP)? : N/A    **\*** 6. Occupation Description / Nature of Business : Operation Manager and Naly Shop  7. Business Type : Corporation Partnership  Sole Proprietorship Others:*(Please specify )*  8. Business Registration No & Registration Date :  9. Employer’s Name : VHK Business Group Co., Ltd.  10. Employer’s Address : No. J311E1, St. 271, S/K. Tumnup Teok,  Kh. Chamkarmon, Phnom Penh 11. Monthly Income / Combined Income (USD) : USD8,034.30  *( For Individual Only)*  12. If low margin of advance, is the differential : Yes No *(Please specify: )*  sum identified to be from legal source?  *(Please tick the appropriate column)*  **Note: Low MOA is MOA below 80%. If answer is NO, do note proceed.**  **\*** 13. Expected number of transaction in Savings : 01 to 11 to 51 to Over  And/ or Current Account (both facility/ non 10 50 100 100  Facility) in a month *(Please tick the appropriate column)*  **\*** 14. Expected total Debit and Credit in a month : USD23.2KTotal Debit, USD26.2K Total Credit  15. Is customer activity relatively low cash LOW MEDIUM HIGH  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) >USD100K) aggregate  >USD100K)  16. Expected total Turnover in a month : USD300K  *(For Business entity only)*  17. Existing or New Account *(Please tick the* : Existing A/C No: New  *Appropriate column)* 2-01-0002-00002729-5  18. Account Type : Savings Current  Fixed Deposit Others: (Please specify )  **\*** 19. Was there verification that the collateral is : Yes No  Not ill gotten?  **PREPARED BY**:      Officer Name & Sok Ratanak Signature &  Designation Assistant Manager Date  Concurred by (Name) & Chiv Hak Signature &  Designation Senior Manager Date    **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:**  **N/A**  **2**  **1**  On assigning the score, kindly use Yes , No or 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)*  Land/ Others Fixed  **3**  **2**  **1**  Building (*Please specify*:\_\_\_\_\_ 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 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:**  **7**  ✓  Risk category: Scoring Low High  *(Please provide the scoring and tick the appropriate column)*   * **Risk Score *(For Consumer):*** **LOW HIGH**   **9 and above**  **6 to 8**  **15 and above**  **9 to 14**   * **Risk Score *(For Corporate & Commercial):* LOW 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 & Sok Ratanak Signature &  Designation Assistant Manager Date  Concurred by (Name) & Chiv Hak Signature &  Designation Senior Manager Date |