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| CIF: P\_CIF |

**LMF**

**Branch: P\_TEN\_CHI\_NHANH**

**REPORT OF CREDIT RISK APPRAISAL - FOR INDIVIDUAL LOANS**

No.: P\_CIF\_LAN\_VAY

* Based on Report of Credit Proposal No.:……………………….dated…………………
* Competent level(s) to approve this loan:…………………………………………………

1. **CUSTOMER’S INFORMATION**

Name: P\_TEN\_KHANG CIF No.: P\_MA\_KHANG

Father’s name: P\_TEN\_BO

1. **CRM DEPARTMENT’S PROPOSAL**

* Loan amount: P\_SO\_TIEN Kips (In words: P\_SO\_TIEN\_CHU)
* Loan purpose: P\_MUC\_DICH\_VAY
* Loan term: P\_TGIAN\_VAY months.
* Interest rate: P\_LAI\_SUAT%/annum
* Principal repayment: C211 Periodic C212 At Maturity
* Interest payment: C221 Periodic C222 Prepaid C223 At Maturity
* Other credit conditions (if any):

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **APPRAISAL COMMENTS AND RISK ASSESSMENT**
2. **General comment on loan application documents and Customer’s information**

|  |  |
| --- | --- |
| Assessed sufficiently and accurately | Not assessed sufficiently and accurately |
|  | |

Issues needed to supplement:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Regarding assessment on Credit rating result:**

|  |  |
| --- | --- |
| Assessed sufficiently and accurately | Not assessed sufficiently and accurately |
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Issues needed to supplement:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Regarding assessment on Effectiveness of business plan** *(for manufacturing business loans)***:**

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| --- | --- |
| Assessed sufficiently and accurately | Not assessed sufficiently and accurately |
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Issues needed to supplement:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Regarding assessment on effectiveness and repayment capability:**

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| --- | --- |
| Assessed sufficiently and accurately | Not assessed sufficiently and accurately |
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Issues needed to supplement:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **Regarding risk analysis of relationship between Customer and LMF:**

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| --- | --- |
| Assessed sufficiently and accurately | Not assessed sufficiently and accurately |
|  | |

Issues needed to supplement:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **CONCLUSION AND PROPOSAL**

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| --- | --- | --- |
| Agree | Conditionally Agree | Reject |

* Reasons for rejection/Other credit conditions, if any:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

……………, date……….……..………

|  |  |
| --- | --- |
| **RISK MANAGEMENT OFFICER**  (Signature and full name) | **HEAD OF RISK MANAGEMENT DEPT.**  (Signature and full name) |
| **Approval comments of competent level** *(if any)*  (Signature and full name)  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. | |