

2017 MICROFINANCE AWARDS INDIVIDUAL MICRO ENTREPRENEUR NOMINATION FORM

Guidelines

- I. We encourage the Financial Service Providers to nominate outstanding enterprising individuals for this Award. Please provide the information required below and the supporting documents for the entrepreneur and business that you seek to nominate for the Award.
- II. Please address your queries to duri@rbf.gov.fj and akata@rbf.gov.fj

PART A: ABOUT THE NOMINATING MICROFINANCE SERVICE PROVIDER

Name and Address	of the Institution	branch where	e nominee is associated with:
Address of head office:			
Name of credit officer of			
Telephone No.:	Fax No.:		
	Email Address:		
PART B: ABOUT TH	E NOMINEE		
Name of the Nominee:			
Age: Ge	ender: Female	e Male	
Home Address:			
Business Address:			
Telephone No.:	Mobile No.:		
PART C: LOAN STA	TUS OF THE NO	MINEE	
Number of years nomin	ee is a client of the	institution:	
•			
Amount of principal loa	ans obtained by the	nominee	
(Please only include pri			the last 3 loans only)
Loan Cycle		ar of Release	Principal Loan Amount



PART D: ABOUT THE BUSINESS Describe the nature of the business(es) the nominee is engaged in:		
Date of estab	olishment:	
	tet value of the asset of the business(es):	
	ide list of assets on the attached pro-forma table)	
•		
How many p	eople does the business employ (please include paid family members)? _	
State the ave	rage annual sales of the business(es):	
< \$15,000	\$15,000 - \$30,000	
·		
	ual average profit of the business(es):	
< \$15,000	\$15,000 - \$30,000	
State portion	of annual profit reinvested in the business(es):	
< 10%	10% - 20%	
State amoun	of savings of the business(es):	
< \$5,000 \[\]	\$5,000 - \$10,000 > \$10,000	
Explain action	ons taken by the nominee to sustain the business(es)/Business Plan:	
Does the clie	nt keep records of cash flows? (Please provide evidence)	



Explain if the nominee has a clear and definite plan to expand the business(es):		
Does the business use raw materials that are also sourced from nearby communities? OF Does the business have a product that is used as a material for another business in the community?		
State evidence of local talent (creativity) associated within the business:		
Print Name and Signature:		
Name of Manager or CEO:		
Name of Nominee:		
Signature: Date:		

Note:

1. Please submit together with this nomination form a short write-up and a picture of the nominee and his/her business(es).



NOMINEE'S BUSINESS ASSETS

BUSINESS 1:			
Assets	Market Value		
DUCINECC 2.			
BUSINESS 2:			
<u>Assets</u>	Market Value		
BUSINESS 3:			
<u>Assets</u>	Market Value		