

2017 NATIONAL MICROFINANCE AWARDS PARTNERSHIP/CO-OPS NOMINATION FORM

Guidelines

- I. We encourage the Financial Service Providers to nominate Partner Enterprises/Cooperatives. Please complete the required information below and provide copies of supporting documents to make a strong case for the Partner Enterprises 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 MICROFINANCE SERVICE PROVIDER

| Name and Address of the Institution branch where nominee is | | | | |
|---------------------------------------------------------------|-------------|---|--|--|
| Address of the above institution's head office: | | | | |
| Name of credit officer of the nominee: | | | | |
| Telephone No.: Fax No.: | | | | |
| Mobile No.: Email Address: | | | | |
| PART B: ABOUT THE NOMINEE | | | | |
| Name of the Nominee/Enterprise: | | | | |
| Age: Gender: Female Male Home Address: | | | | |
| Business Address: | | | | |
| Telephone No.: Mobile No.: | | | | |
| PART C: LOAN STATUS OF THE NOMINEE | | _ | | |
| Number of years nominee has been a client of the institution: | | | | |
| Number of loans obtained by the nominee: | | | | |



Amount of principal loans obtained by the nominee

(Please only include principal amount for the first loan and the last 3 loans only)

| Loan Cycle | Month/Year of Release | Principal Loan Amount |
|---------------------------------------------------------|-------------------------------------------------------------------|-----------------------|
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| • | payment record of the nominee of at will show the nominee's repay | - |
| PART D: ABOUT THE BUS Describe the nature of the busin | INESS ness(es) the nominee is engaged | in: |
| Date of establishment: State the current market value | of the asset of the business(es): | |
| (Please provide list of assets o | n the attached pro-forma table) | |
| How many people does the bus | siness employ (please include pa | uid family members)? |
| State the average annual sales of \$15,000 \$15,000 | of the business(es): - \$30,000 | |
| State the annual average profit < \$15,000 \$15,000 | of the business(es): - \$30,000 | |
| State portion of annual profit re < 10% 10% - 20% | einvested in the business(es): | |
| State amount of savings of the < \$5,000 \$5,000 | business(es): - \$10,000 | |



| | minee to sustain the business(es): |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| | |
| Does the client keep records of | cash flows? (Please provide evidence) |
| Explain if the nominee has a cle | ear and definite plan to expand the business(es): |
| | aterials that are also sourced from nearby communities? OR oduct that is used as a material for another business in the |
| State any evidence of social im | pact on the community: |
| Briefly state product design an value/unique selling point): | d methodology (please state other innovative evidence, brand |
| Print Name and Signature: | |
| Name of Manager or CEO: | |
| Name of Nominee: | |
| Signature: | Date: |
| Notae | |

Note:

Please submit together with this nomination form a short write-up and a picture of the nominees and their business(es).



NOMINEE'S BUSINESS ASSETS

| BUSINESS 1: | | |
|---------------|--------------|--|
| <u>Assets</u> | Market Value | |
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| BUSINESS 2: | | |
| <u>Assets</u> | Market Value | |
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| BUSINESS 3: | | |
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| <u>Assets</u> | Market Value | |
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