**MICROFINANCE NGO REGULATORY COUNCIL**

**SWORN APPLICATION FORM FOR MNRC ACCREDITATION**

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| Date: To the Microfinance NGO Regulatory Council:This application is filed pursuant the provisions of Republic Act No. 10693, otherwise known as the Microfinance NGOs Act, its Implementing Rules and Regulations and the Memorandum Circulars issued by the Council. |

1. **ORGANIZATION**

|  |
| --- |
| **Name:** |
| **Complete Principal Address per Articles of Incorporation (AI):** |
| **Complete Business Address per General Information Sheet (GIS):** |
| **SEC Registration No.:** | **Date of Incorporation:** | **Term of Existence:** |
| **End of Fiscal Year** *(NOTE: Under MNRC MC No. 3, series of 2018, MF-NGOs must adopt calendar year)***:** | **Date of Annual Meeting per By-Laws (BL):** |
| **☐ Registered as non-stock, non-profit  corporation/organization**  | **Areas of Operation:** |
| **Email Address:** | **Website / Social Media Account (if any):** |
| **Contact No.:** | **Fax:** |
| **Tax Identification Number (TIN):** |
| **Secondary Registration with other agency/ies, if any (e.g. DSWD):** |

1. **PURPOSE OF THE ORGANIZATION**

|  |
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| **Primary Purpose as per AI:** |
| **Vision:** |
| **Mission:** |
| **Goals:** |

1. **RELATED PARTIES[[1]](#footnote-1)**

|  |  |  |
| --- | --- | --- |
| **Name of Entity** | **Nature of Business/Operations** | **Amount Donated/Contributed** |
|  |  |  |
|  |  |  |
|  |  |  |

*\*Please use additional sheet/s, if necessary.*

1. **BRANCHES/UNIT OFFICES**

**Number of branches, excluding the main office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **No.** | **Branch Designation** | **Complete Address** |
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*\*Please use additional sheet/s, if necessary.*

1. **NUMBER OF ACTIVE CLIENTS**

|  |  |  |
| --- | --- | --- |
| **Male** | **Female** | **Total** |
|  |  |  |

1. **NAMES OF CURRENT BOARD OF TRUSTEES AND OFFICERS**

|  |  |
| --- | --- |
| **Total Number of Members of the Board of Trustees per AI:** |  |
| **Total Number of Members of the Board of Trustees per latest GIS:** |  |

 *Please indicate the names and other details of the applicant’s Trustees and Officers below. For the “Board” column, put “C” for Chairman, “M” if a Member of the Board and “N” if not a Member of the Board. For the “Officer” column, indicate specific position.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Nationality** | **Sex** | **Board** | **Officer** |
| **Male** | **Female** |
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*\*Please use additional sheet/s, if necessary.*

1. **NUMBER OF PERSONNEL FOR CURRENT YEAR**

|  |  |  |  |
| --- | --- | --- | --- |
| **Male** | **Female** | **Total No.** | **Employment Status** |
|  |  |  | Regular/full-time staff directly employed by the Organization |
|  |  |  | Part-time staff directly employed by the Organization |
|  |  |  | Project-based staff *(hired on a per project basis)*  |
|  |  |  | Interns/ OJTs |
|  |  |  | Volunteers |
|  |  |  | Others (Please specify): |

1. **ACTIVITIES/PROGRAMS/SERVICES OFFERED**

Please check all that apply:

|  |  |
| --- | --- |
| ☐ Microcredit and financial literacy  programs | ☐ Microcredit and Capital Build-Up (CBU) |
| Others:☐ Agricultural microfinance☐ Housing microfinance☐ Microinsurance, in partnership with  authorized microinsurance companies,  agents and/or entities☐ Electronic payment system such as  mobile or any innovative digital platforms or channels☐ Money transfer and other related  remittance services, in partnership with  authorized agents and/or entities | ☐ Provide development opportunities such  as leadership training and  entrepreneurial skills enhancement☐ Other relevant and/or innovative programs,  products and services that address social  welfare purposes and which are not contrary  to existing laws and regulations.  |
| ☐ Other projects/activities not listed above (Please specify) |

 ***\*****Please use additional sheet/s, if necessary.*

1. **MF-NGO’s LOAN PRODUCTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type Of Loan** | **Minimum/Maximum Loan Value (Php)** | **Rate Of Interest** | **Term Of Loan** | **Mode Of Payment** |
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 ***\*****Please use additional sheet/s, if necessary.*

1. **MAIN SOURCES OF FUNDS AND AMOUNTS RAISED IN THE LAST THREE YEARS** *(specify year/s)*

| **Major Sources of Revenues Raised** | **Amount raised in the past three (3) years (in Php)** |
| --- | --- |
| **Year1** | **Year2** | **Year3** | **Total** |
| ☐ Borrowings |  |  |  |  |
| ☐ Donations (Local) |  |  |  |  |
| ☐ Donations (Foreign) |  |  |  |  |
| ☐ Interest Income from Microfinance Loans |  |  |  |  |
| ☐ Membership Dues and Fees |  |  |  |  |
| ☐ Others *(please specify)* |  |  |  |  |
| **Total** |  |  |  |  |

***\*****Please use additional sheet/s, if necessary.*

1. **UNDERTAKING**

The applicant:

1. Shall make available for review, all documents and records of the organization that MNRC finds necessary to measure adherence to set standards of good governance and management, accountability and transparency;
2. Shall pay the corresponding accreditation fee, based on its Total Loan Portfolio, as provided in the IRR of RA No. 10693, subject to periodic review by the Council.
3. Consents to receive notices/letters and other forms of communication from the MNRC through e-mail.

|  |  |
| --- | --- |
| ☐ | **YES.** *Please indicate the designated email address of the MF-NGO:* |
| ☐ | **NO.**  |

1. **AUTHORIZED PERSON/S OF THE APPLICANT ORGANIZATION TO COORDINATE WITH THE MNRC DURING THE APPLICATION PROCESS**

|  |  |
| --- | --- |
| Name: | Designation: |
| Contact No.: | Email Address: |
| Mailing Address: |
| Name: | Designation: |
| Contact No.: | Email Address: |
| Mailing Address: |

*Note: The applicant shall immediately inform the MNRC Secretariat of any change in the Authorization Person/s. In case of change in Authorized Person/s, a Secretary’s Certificate must be submitted indicating the name and details of the new authorized person/s*

1. **PREFERRED MODE OF RELEASE OF THE CERTIFICATE OF ACCREDITATION**

☐ For pick-up (by the applicant’s Authorized Representative)

☐ By registered mail (to be sent to the principal office address of the applicant)

**CERTIFICATION**

I hereby certify that the above information is true and correct and that all documents submitted in support of this application are true copies of the original. Any misrepresentation and/or manifestation of fraud in this application shall be a ground for the disapproval of this application and/or the suspension or revocation of the Certificate of Accreditation, in case the same had already been issued.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name of Applicant’s President/Executive Director)*

*(Specify Position, as provided in the GIS)*

 SUBSCRIBED AND SWORN to before me in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_th day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_, Affiant exhibiting to me his/her attached proof of identity, ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 **NOTARY PUBLIC**

Doc. No. \_\_\_\_\_\_\_\_;

Page No. \_\_\_\_\_\_\_\_;

Book No. \_\_\_\_\_\_\_\_;

Series of \_\_\_\_\_\_\_\_.

1. Includes parent company, subsidiaries, affiliates, etc., if any. [↑](#footnote-ref-1)