

**MINDANAO MICROFINANCE COUNCIL**

**MEMBERSHIP PROFILE**

The information provided shall be used by the MMC Secretariat in establishing a profile of member institutions. It is understood that there are no confidential information included in this profile sheet and that MMC is allowed to provide third parties (such as funders, donors, training institutions, etc.) to view the information provided herein.

|  |  |
| --- | --- |
| Registered Name of Organization |  |
| Type of Membership |  Regular Member Associate Member |
| Official Contact Person |  ***Given Name Middle Name Surname*** |
| Position in the Organization |  |
| Official Mailing Address |  |
| Official Email Address |  |
| Direct Telephone Number |  |
| Mobile Number |  |
| Fax Number |  |
| 1. **ORGANIZATIONAL INFORMATION**
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| Foundation Date: | Type of Institution: NGO Cooperative Rural Bank Cooperative Bank Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Date Registered: | Regulatory Agency: SEC CDA BSP |
| Affiliations with other Networks: (national and international) MCPI COOP NATCCO PFCOO MASSPECC MCN /CUES RBAP MABS  Others:\_\_\_\_\_\_\_\_\_\_\_\_\_ | Funding Sources: (national and international) People’s Credit and Finance Corporation National Livelihood Support Fund Land Bank of the Philippines  Development Bank of the Philippines Peace and Equity Foundation Small Business Corporation Bangko Sentral ng Pilipinas Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **MANAGEMENT INFORMATION**
 |
| Full Name of Executive Director/General Manager:Email Address: |
| Full Name of Human Resource Manager:Email Address:Direct Telephone Number: |
| Full Name of Operations Manager:Email Address:Direct Telephone Number: |
| Full Name of Accounting/Finance Manager:Email Address:Direct Telephone Number: |
| 1. **MICROFINANCE PROGRAM INFORMATION**
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| **Product / Program Name**  |
| **Savings**:1.2.3. | **Target Customers:**1.2.3. | **Total Number** **of Active Clients:** **Borrowers:** **Depositors:**  |
| **Credit:**1.2.3. | **Target Customers:**1.2.3. |
| **Gross Loan Portfolio:** |
| Name of Partner Micro Insurance Providers:  |
| Type of Micro Insurance Offered to Clients: |
| Other Services and Products Offered to Clients (including training and non-financial services): |
| Methodologies used in microfinance: Grameen Approach ASA Approach MABS Approach Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Provinces and Towns covered: |

All information furnished in this profile sheet including its attachments is certified true and correct to our best knowledge and belief.

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 Date Signature over printed name of Authorized Signatory

List of Additional Attachments to this form:

1. Promotional brochures of your institution’s products and services
2. Organizational history
3. Vision, Mission, Objective Statements

Note: Please send back the accomplished Membership Profile Form to the Mindanao Microfinance Council at the office address below or you may send it through email at mindanaomfcouncil@gmail.com.

Mail to:

**Mr. Jack Lord C. Rubillar**

Executive Director

Mindanao Microfinance Council, Inc.

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