

MEMBERSHIP APPLICATION FORM

INSTRUCTIONS:

Carefully read this form and fill in with appropriate information. All parts of this application form are necessary to fill. Any missing part will turn into the disqualification for membership process.

CONTACT INFORMATION

Organization's Full Name:

Acronym:

Head of Organization Name & Designation:

Contact Person (In Case of Queries):

Head Office Address:

PABX/Telephone:

Fax:

—

Email:

URL:

GENERAL INFORMATION ABOUT YOUR ORGANIZATION

Type of Organization:

Advisors

Practitioner of Islamic Microfinance

Academia

Other

(Please Specify: _____)

Organization's Vision:

Organization's Mission:

Organization's Objectives: 1)

2) _____

3) _____

4) _____

5) _____

Geographical Presence:

Legal Status:

Auditor(s):



Shariah Advisor(s):

Source(s)/Consultant(s) for Your Organization's

Business Manuals:

OTHER INFORMATION

Do You Have Experience in Islamic Microfinance? ~

Yes

~ No

(If Yes) Years of Experience:

Current Activities:

1) _____

2) _____

3) _____

4) _____

5) _____

Other: _____

Islamic Financial Products Offered to Customers:

1) _____

2) _____

3) _____

4) _____

5) _____

Other: _____



Methodology:

1) _____

2) _____

3) _____

4) _____

5) _____

Other: _____

Source of Funding:

1) _____

2) _____

3) _____

4) _____

5) _____

Other: _____

Is Islamic Microfinance Core Business of Your Organization?

~ Yes

~ No

(If No) Specify the Core Business(s) of Your Organization:

1) _____

2) _____

3) _____

Other: _____

FINANCIAL INFORMATION

Islamic Microfinance:

| | |
|---|-------|
| Current Assets in PKR | _____ |
| Current Liabilities in PKR | _____ |
| Income Loss Reserve in PKR | _____ |
| Expenses on Operations in PKR | _____ |
| Number of Financing Facility Officers | _____ |
| Portfolio Per Financing Facility Officer in PKR | _____ |
| Operating Self Sufficiency in Percentage | _____ |
| Total Staff Strength | _____ |

BASIC PROGRAM STATISTICS

Number of Customers:

Cumulative Number of Customers (Islamic Microfinance) _____

Financing Facility Forwarded to Customers:

Cumulative Amount of Financing Facility in PKR (Islamic Microfinance) _____

Amount of Financing Facility Outstanding in PKR (Islamic Microfinance) _____

GROWTH PROJECTION

Number of Active Islamic Microfinance Customers:

| 2013 | 2012 | 2011 | 2010 | 2009 |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |

Total Number of Islamic Microfinance Customers:

| 2013 | 2012 | 2011 | 2010 | 2009 |
|-------------------------------|--------------------------------|------------------|------|------|
| Total Amount Disbursed | in Islamic Microfinance | (in PKR): | | |
| 2013 | 2012 | 2011 | 2010 | 2009 |

Amount of Financing Facility Outstanding in PKR (Islamic Microfinance):

| 2013 | 2012 | 2011 | 2010 | 2009 |
|--|--------------------------------|------|------|------|
| Number of Field Units/Branches | (Islamic Microfinance): | | | |
| 2013 | 2012 | 2011 | 2010 | 2009 |
| Number of Areas of Operation | (Islamic Microfinance): | | | |
| 2013 | 2012 | 2011 | 2010 | 2009 |
| Total Number of Staff | (Islamic Microfinance): | | | |
| 2013 | 2012 | 2011 | 2010 | 2009 |
| Annual Budget of the Organization | (in PKR): | | | |
| 2013 | 2012 | 2011 | 2010 | 2009 |
| Annual Budget of the Islamic Microfinance Program | (in PKR): | | | |
| 2013 | 2012 | 2011 | 2010 | 2009 |
| Operational Self Sufficiency: | | | | |
| 2013 | 2012 | 2011 | 2010 | 2009 |

REQUIRED DOCUMENTS/ATTACHMENTS

Kindly attach following documents with this filled form:

- Copy of Organization's Registration Certificate
- Copy of Shariah Certificate (Fatwa) for Islamic Products Offered
- List of Board of Directors
- Copy of Latest Audit/Financial Statements of Your Organization
- Organogram

I/we _____ hereby certify that the information provided in this application form is true to the best of my knowledge.

Signature:

Date: