



5 **Authorized Representative** : \_\_\_\_\_  
Position : \_\_\_\_\_

6 **Date of Organization**  
Registration Date : \_\_\_\_\_  
Registration Certificate No. : \_\_\_\_\_

7 **Total Membership**  
Share Capital (P) : \_\_\_\_\_  
Assets : \_\_\_\_\_  
Average Fund Balance : \_\_\_\_\_  
(monthly balance) \_\_\_\_\_  
Source of Income : \_\_\_\_\_

8 **Brief description of existing projects of the Organization/or Cooperative and services offered to members.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9 Socio-economic Programs:**

9.1 Assistance / services offered related to socio-economic program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.2 Problems encountered in the implementation of the socio-economic program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

