

RESERVE BANK OF FIJI



2017 NATIONAL MICROFINANCE AWARDS FINANCIAL SERVICE PROVIDER NOMINATION FORM

Guidelines

- I. We encourage the Financial Service Providers to fill in the nomination forms.
- II. Checklist of Documents submitted along with nomination form: Evidence of innovative business models.
- III. Please address your queries to duri@rbf.gov.fj and akata@rbf.gov.fj

PART A: ORGANISATION DETAILS

Name of Organisation: _____

Address: _____

City: _____

Telephone: _____

Email Address: _____

Year of Establishment/initiation of microfinance activities: _____

Year Microfinance initiative started: _____

PART B: GOVERNANCE

List Current Board Directors: _____

How often do board members meet? _____

What are the processes for which decisions are implemented?

PART C: DETAILS OF CONTACT PERSON

Name: _____

Position: _____

Telephone No.: _____

Mobile No.: _____

Email Address: _____

PART C: OUTREACH AND FINANCIAL PERFORMANCE INDICATORS

Outreach and Impact

Indicators	Financial Year 2014	Financial Year 2015	Financial Year 2016
Total No. of Clients			
Number of active borrowers			
Number of loan officers			

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Financial Details

Indicators	Financial Year 2014	Financial Year 2015	Financial Year 2016
Loan Outstanding			
Loans Disbursed			
Total Equity			
Total Assets			
Total Liabilities			
Total income from Microfinance operations			
Interest rate on Micro loan Product			
Repayment rate			
PAR 30 days			
	%	%	%

PART D: BRIEF ABOUT THE INSTITUTION'S MICROFINANCE ACTIVITIES

Briefly state the Vision and Mission.

Lending Methodology: _____

Number of branches/centres/units: _____

Briefly state future projections – client outreach, loan disbursement, focus areas and strategy:

Provide brief description of products and services offered.

What are the risks faced in your microfinance operations?

Briefly outline processes in place to mitigate the above risks.

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PART E: INNOVATION/CREATIVITY

Briefly outline any process, product or technology innovation adopted or introduced (*Please describe the innovation, scalability, adaptability potential of the idea in diverse geographic condition*).

Provide a brief as to why your institution should receive this award.

Print Name and Signature:

Name of General Manager: _____

Signature: _____ Date: _____

Disclaimer:

- 1. All information provided in the nomination form will be used solely for evaluating applicant institutions according to the parameters decided by the Panel of Judges.*
- 2. All the documents submitted towards completion of the nomination forms are the property of the Awards Secretariat.*
- 3. Panel of Judges decision will remain final and binding. Every effort will be made to ensure that due consideration is given to all the applications received.*