**ANNEX “D”**

**MICROFINANCE LOAN PORTFOLIO AND AGING REPORT**

**As of 31 December \_\_\_\_\_\_**

**Name of the Accredited Microfinance NGO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accreditation No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Amount of** **MF-Loan** | **Required Allowance** | **Actual Allowance Provided** | **Deficiency** |
| **Current Loans** |  | **1%** |  |  |
| **1-30 day missed payment** |  | **2%** |  |  |
| **31-60 days** |  | **20%** |  |  |
| **61-90 days** |  | **50%** |  |  |
| **Above 90 days** |  | **100%** |  |  |
| **Re-structured Loans** |  | **100%** |  |  |
| **TOTAL** |  |  |  |  |

**NOTE: If the microfinance NGO has loans not classified as microfinance, a separate aging should be prepared and appended.**

**CERTIFICATION**

I hereby certify that the above information is true and correct and that all documents appended herein in support of this report are true copies of the original. Any misrepresentation and/or manifestation of fraud in this report shall be a ground for placing under probation of the accredited microfinance NGO, its reprimand and/or the suspension or revocation of the Certificate of Accreditation granted in its favor.

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

*(Name of Treasurer/Chief Financial Officer)*

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

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

*(Name of President/CEO/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 \_\_\_\_\_\_\_\_.