Reference No.

Sri Lanka

Census of Micro Finance Institutions - 2005

(Micro Finance Institutions (MFIs) and Non Governmental Organisations (NGOs) engaged in Micro Finance Activities)

Department of Census & Statistics

Identification Information

Reference No.

1 Geographical Location of the Institution

For Office Use

1.1 Province & District ..../.................................

1.2 D.S. Division ....

1.3 G.N. Division No. : .... Name : ....

1.4 Sector 1. Urban 2. Rural 3. Estate(Encircle relevant code)

1.5 M.C./U.C./P.S. ....

1.6 Ward/ Village/Estate ....

1.7 Is the institution currently in operation? Yes [1] No [2]

2 General Information about the institution

2.1 Name of the institution

....

....

....

....

....

2.2 Location of the institution
2.2.1 Assessment No. ....
2.2.2 Floor No. ....
2.2.3 Building Name or Complex ....
2.2.4 Street Name ....
2.2.5 Village / Ward Name ....
2.2.6 Postal Town ....
2.2.7 Other (P.O. Box/ Mile post /etc.) ....
....

Example:-
Location of the institution *Please provide the appropriate information of the institution. If building name or complex or E-Mail address is not available, leave blank*

Please indicate the address of the institution correctly as follows.
Eg: Sanasa Bank, 60/55, Sahasrapura Housing Scheme, Baseline Road, Col-08.

Assessment No.	= 60/55
Floor No.	= ......
Building Name or complex	= *Sahasrapura Housing Scheme*
Street Name	= *Baseline Road*
Village/Ward name	= . .....
Postal Town	= *Colombo 08*
Other (P.O. Box/mile post)	= ....

2.3 Contact numbers of the institution (First 3 cages for area code Number.)

2.3.1 Tel No.   2.3.4 E-Mail

2.3.2 Fax No.

2.3.3 Mobile Tel No.   2.3.5 Web Site

2.4 Is this institution registered with any authority? Yes [1] → Go to 2.4.1   No [2] → Go to 2.5
    (Encircle the relevant codes)

2.4.1 Registered With   Code   Code

2.4.1.1 Ministry of Social Services   [1]   2.4.1.5 Dept. of Registrar of companies   [5]

2.4.1.2 District / Divisional Secretariat   [2]   2.4.1.6 Incorporated by Parliament of   [6]
2.4.1.3 Provincial Councils   [3]   Sri Lanka (eg: Sanasa, Samurdhi etc.)

2.4.1.4 Pradeshiya Sabha   [4]   2.4.1.7 Others (Specify).............................   [7]

2.4.2 Registration No.

2.4.3 Date of Registration   /   /   (dd/mm/yyyy)

2.5 If not registered, proposed course of action by the MFI/NGO for registration.
....
....

3 Type of Ownership

3.1 Type of Ownership: Local [1]   Foreign [2]   Local & Foreign [3]
(Encircle the relevant code)

3.2 If the institution is a branch office, give the details of the Head Office

3.2.1 Name   :-...

3.2.2 Address   :-...

3.2.3 Tel No.   [| | | | | | | | | |]   **3.2.6** E-Mail [ ]

3.2.4 Fax No.   [| | | | | | | | | |]

3.2.5 Mobile Tel No.   [| | | | | | |]   **3.2.7** Web Site [ ]

4 Information about the branches

4.1 Does the institution have any branches in this country?

Yes [1] → Go to 4.2   No [2] → Go to 5

4.2 How many branches does the institution operate in this Divisional Secretariat Division? [|]
(Please give the details in the table below)

	Municipal Council (MC)			Urban Council (UC)			Pradeshiya Sabha (PS)		
	Name of the MC	Nos.	Code	Name of the UC	Nos.	Code	Name of the PS	Nos.	Code
1									
2									
3									

5 Type of Activities

Institution can have one or more activities. Please specify all the activities other than mentioned. Encircle the appropriate codes from 1 to 12. Write down the codes in 5.1, 5.2 and 5.3 according to the importance of the activity.

Activities

01 Lending to members
02 Lending to non members
03 Deposit Collection from only members
04 Deposit collection from non members
05 Deposits in other Banks by this Insititution
06 Deposits in other banks infavour of customers

07 Monetary Aid disbursements
08 Monetary Advisory Services
09 Pawning
10 Leasing
11 ....
12 ....

Rank in order the activities given above   *Rank in order*

5.1 The most important [|]   **5.3** The third most important [|]

5.2 The second most important [|]

6 Write the names of the districts in which the financial activities are performed.

Name of the District	*Code*	*Name of the District*	*Code*
1.	[	]	9.	[	]
2.	[	]	10.	[	]
3.	[	]	11.	[	]
4.	[	]	12.	[	]
5.	[	]	13.	[	]
6.	[	]	14.	[	]
7.	[	]	15.	[	]
8.			

7 Source of funds (Encircle relevant code and give the details under the relevant columns)

7.1 Local	1	7.2 Foreign	2	7.3 Local & Foreign	3

Write the name/names of the funding institutions in relevant cages and indicate the amount in Rs. millions (when encircling code 3 write the information of the institutions in both local and foreign columns)
Eg: Seed Financial Institution gets funds from its mother soceity and from the foreign countries.

7.4 Local Institutions	Amount(Rs.Mn.)	7.5 Foreign Institutions	Amount(Rs.Mn.)

8 Assets and Liabilities of the Institution as at (Dec. 31st 2004)

	Liabilities	Values in Thousand Rs.		Assets	Values in Thousand Rs.
8.1	**Capital**		**8.5**	**Cash & Bank Balances**	
8.1.1	Issued		**8.6**	**Investments**	
8.1.2	Paid up Capital		**8.7**	**Loans and Advances**	
8.1.3	Grants received		8.7.1	Loans granted against deposits	
8.1.4	Reserves		8.7.2	Other loans	
8.2	**Deposits**		**8.8**	**Fixed assets**	
8.2.1	Members		8.8.1	Land	
8.2.2	Public		8.8.2	Building	
8.3	**Borrowings**		8.8.3	Machinery and Equipment	
8.3.1	Short term		8.8.4	Motor vehicles	
8.3.2	Long term		8.8.5	Others	
8.4.	**Other Liabilities (Please specify)**		**8.9**	**Other assets (Please specify)**	
	Total			**Total**	

9 Does this institution have annual Auditing done ?   Yes [1]   No [2] → Go to 10

If Yes Give the Name of the Audit Firm...

Address ....

10 Employment As at the month of March 2005

	Employment Category	Number of Employees					
		Full time			Part time		
		Male	Female	Total	Male	Female	Total
1	Administrative						
2.	Minor employees						
3.	Othr (Except minor employees)						
4	Total compensation for all categories of workers (For March 2005 in Rs. '000)						

11 Please write any other information if available.

I declare that the infromations furnished by me are true and correct.

Name: ....   Signature:- ....

Date:- ....   Designation:- ....

Tel. No.:- ....   Fax No.:- ....

Name of the Field officer ....

Designation ....

Signature ....

Date ....