

BRANCH OPENING FORM
(NAME OF THE MICRO FINANCE INSTITUTION)

PART -1

- 1. Name of the Microfinance Bank / Institution.
- 2. Total number of branches.
- 3. Paid up capital.
- 4. Adjusted Capital (as per last SBP Inspection Report).
- 5. Total Deposits.
- 6. Capital as % of deposits
- 7. Fortnightly position of liquidity ratio during the preceding 12 months.

FORTNIGHT ENDED

LIQUIDITY RATIO

PART -II

- 1. Name of the proposed branch.
- 2. Exact Location of the proposed branch (also mention any other name by which the place is popularly known, if any) with postal address.
- 3.
 - i) Tehsil/Taluka
 - ii) District
 - iii) Division
- 4. Whether suitable premises available?
If not what arrangements are proposed to be made.
- 5. Name and Location of nearest MFI/MFB/Khushhali Bank branches with approximate distance in meters/kilometers from the proposed place of the branch.

Name of the Branch / Place of business	Distance
(1) Microfinance Bank/ Institutions. (2) Other Microfinance Banks/ Institutions/ Khushhali Bank Branches. i) ii) iii) iv) v)	

- 6. Population of the area of
 - a) Approximate population of the area, the proposed branch plans to serve
 - b) Latest published Poverty Statistics of the area
- 7. Year-wise estimate of business, which the proposed branch expects to attract/undertake within 3 years of its operation.

	1 st Year	2 nd Year	3 rd Year
i) No. of Community Organizations/Village Organizations/Urban Groups to be formed			
ii) Membership of COs/VOs/UGs with Male, Female breakup			
iii) Amount of Deposit			
iv) No. of Savers/Depositors			
v) Amount of Advances			
vi) No. of Borrowers			

8. Income (source wise)

- a) Interest/return on advances
- b) Other sources, due details.
- Total:

1 st Year	2 nd Year	3 rd Year

9. Estimated recurring expenditure for the proposed branch.

- a. Interest/return on various types of deposits.
- b. Staff Salaries and Benefits
- c. Premises-Rent etc.
- d. Traveling Expenses
- e. Vehicle Running & Maintenance
- f. Capacity Building Trainings etc.
- g. Stationary
- h. Advertisement
- i. Other expenses
- Total:

1 st Year	2 nd Year	3 rd Year

10. Profit/Loss anticipated (8-9)

11. Social Mobilization Cost to be financed through MSDF resources.

12. Profit / Loss with access to MSDF resources (10+11)

1 st Year	2 nd Year	3 rd Year

13. Estimated period (if beyond three years)

Within which the proposed branch is expected to become a profitable unit

Signature of the Survey Officer

- 1. Name: _____
- 2. Designation: _____
- 3. Date of Survey: _____

12. a) Certificate

Certified that the name of the proposed branch is in accordance with the Census/Municipal/Town Committee and/or Revenue Records.

Signature of the Survey Officer

b) Certificate

Certified that the location of the proposed branch shall in no way violate the Town Planning Regulations of the respective authorities.

Signature of the Survey Officer

Signature of the Officer recommending Opening of the Branch

- 1. Name: _____
- 2. Designation: _____
- 3. Date: _____

N.B: Strike out fields not applicable