



iMCOOP COOP CREDIT INFORMATION SYSTEM (CCIS) PARTICIPATION ENROLMENT FORM

A. COOP INFORMATION

Name of Coop/Applicant:	
Complete Address:	
CIN:	Coop TIN:
CDA Registration Number:	CDA Registration Date:
Coop E-mail Address:	Coop Contact Number:
Authorized Representative:	Position/Designation:

B. FINANCIAL INFORMATION

Principal Bank Account, Bank Name and Branch:			
Representative Email Address:		Mobile Numbers:	
Total Assets:		Number of Members:	Male: Female:
Total Paid-up Share Capital:		Number of Employees:	
Gross Loan Portfolio:		Number of Branch Offices:	
Loan Products	Maximum Loanable Amounts	Payment Period	Amortization Mode
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

The (Name of Cooperative) _____ hereby agrees to abide by the Terms and Conditions of the iMCOOP CCIS Program, contained in the following pages of this document.

Attached to this enrolment form is our cooperative's board resolution to participate in the iMCOOP CCIS Program, copy of recent audited financial statements, interim financial statement, and payment of the non-refundable Enrolment Fee.

Signature over Printed Name

Date Signed

PCF USE ONLY	
-------------------------	--