



## THIRD SCHEDULE Non-Depository Microfinance License Application Form (CBS/LCR /REG/03 Article 5)

Name of Applicant business/partnership/entity: \_\_\_\_\_

Reference Number	Topic	Information Entry Field
1	Legal or Company Name:	_____
2	Business address of head office or location in Somalia	_____
	Somali Business telephone number	_____
	Business Somali e-mail address	_____
	Somali website address	_____
	Contact information	
	Full name	_____
	Position/title	_____
	Address	_____
	Telephone number	_____
	E-mail address	_____
12	Is the company a member of an industry association? If so, of which association?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> _____

Please enter the following information for the financial and Financing portfolio for two years.

Financing portfolio				
Description	As at 31 <sup>st</sup> Dec 2023		As 31 <sup>st</sup> Dec 2024	
	Individual	Group	Individual	Group
Outstanding Financing portfolio (US\$)				
Portfolio at Risk (%)				
Total No. of Active Clients				
Female Active Client				
Male Active Client				
Number of Financings Disbursed				

Total amount of Financings disbursed (per year)				
Average amount disbursed				
Number of Financings/credit officers				
Distribution by economic sector				
Description	As at 31 <sup>st</sup> Dec 2023		As at 31 <sup>st</sup> Dec 2024	
Trade (retail/wholesale/import)				
Consumer Financings (including health, education, funerals, e.g.)				
Housing improvements and related Financings				
Services				
Agricultural Financings				
Production Financings (other than Ag Financings)				
Transport/vehicles				
Machinery/Equipment				
Other				

Financial Data			
	Assets at end of the quarter (Q1, 2025)		<sup>B</sup> Equity and Liabilities at end of the quarter
Total Assets:	\$	Total Liability/Equity	\$
Non-Current Asset	\$	Total liabilities:	\$
Current Asset	\$	Total Equity	\$
		Total Revenue	\$
		Total Expenses	\$
		Net profit/loss	\$

Information on current activities with local, government, and/or international partners				
Partner's name	Financing (Amount in US)	Description	Capacity building (Amount in US)	Partner Name

This application is required to be signed and stamped to be considered valid.

I, the undersigned certify that and declare that to the best of my knowledge and belief all the facts stated in this application are complete and correct

Name of the authorized officer:

Signature of the authorized officer:

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Official Stamp:

