Logo, company name

Description automatically generated

**BRANCH COORDINATORS MONTHLY REPORT – PAGE 1**

**For the Month of 20 .**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Borrower** | **Loan Type Amount** | **Remarks** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |

|  |  |
| --- | --- |
| # Members who increased their Share Capital Contribution |  |
| # Members who added Savings Deposit |  |
| # Members who invested in Time Deposit |  |
| # Members encouraged/counseled not to withdraw their membership |  |
| # Members motivated to complete their initial paid-up Share Capital |  |
| **TOTAL** |  |

**Number of membership forms released: .**

**Meeting Date: . Branch/es: .**

**Meeting Type: ( ) PMES Number of New Attendees: .**

**Meeting Type: ( ) VMOM Number of Attending Member: .**

**Total Number of Attendees: .**

**FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.**

|  |  |  |
| --- | --- | --- |
| Monthly Allowance: |  |  |
| Communication Allowance: |  |  |
| Reimbursements: |  |  |
| Additional Location Allowance: |  |  |
| **Total:** |  |  |
|  |  |  |

**Prepared by: Checked by: Verified by: Approved by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature over printed name) JUDY ANN U. NICOLAS APRIL JOHN GONZAGA GINA J. GARCIA**

Training Assistant I HMRA General Manager

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**BRANCH COORDINATORS MONTHLY REPORT – PAGE 2**

**For the Month of 20 .**

**BRANCH: .**

**CONTACT PERSON: .**

**ACTIVITY/ ACCOMPLISHMENTS:**

**.**

**.**

**.**

**.**

**MEMBERS CONCERN: RECOMMENDATIONS**

**. .**

**. .**

**. .**

**. .**

**. .**

**REQUESTS:**

**FORM TYPE QUANTITY REMARKS**

**. . .**

**. . .**

**. . .**

**. . .**

**. . .**

**Prepared by (signature over printed name): Prepare Date: .**

**.**