



Cooperative Development Authority
Cooperative Annual Performance Report (CAPR) Form
As of December 31, 20__

BOX 1: To be filled up by CDA Staff only

Received by: _____	Date Received _____
Validated by: _____	Date Validated _____
Encoded by: _____	Date Encoded _____
Verified/Reviewed by: _____	Date Verified/Reviewed _____

INSTRUCTIONS TO COOPERATIVES

1. The CAPR Form shall be uniformly used by **ALL COOPERATIVES**.
2. All blanks shall be filled-up with appropriate information.
3. The submission of the duly accomplished CAPR Form shall be done **ANNUALLY** within One Hundred Twenty (120) days after the end of the Calendar year.
4. Submission to CDA shall be done through registered mail, electronic mail or hand-carried to concerned CDA Extension Offices in accordance with Rule 8 IRR and MC No.2011-06. *The reports shall be typewritten or handwritten (print).*
5. The Accountant/Bookkeeper/Compliance Officer shall fill-up the CAPR Form.
6. The Chairman of the Board and General Manager shall certify to the truthfulness and correctness of the information contained herein.
7. This form shall be submitted in three (3) copies; 1 for EO, 1 for CDS & 1 for coop.

GENERAL INFORMATION

A. Cooperative Identification Number (CIN): _____

B. Name of Cooperative as of latest amendment: _____

C. Registration Number (*under RA 9520*): _____

D. Date Registered:

Original Date of Registration: _____

Registration Date under RA 9520: _____

E. Present Address of Cooperative: _____

F. Category of Cooperative: Primary Secondary Tertiary

G. Type of Cooperative _____

H. Business Activities:

- | | |
|---|---|
| <input type="checkbox"/> Financial Intermediation | <input type="checkbox"/> Education |
| <input type="checkbox"/> Mining and Quarrying | <input type="checkbox"/> Agriculture, Hunting & Forestry |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Transport, Storage & Communication | <input type="checkbox"/> Hotel & Restaurants |
| <input type="checkbox"/> Real Estate, Renting & Business Activities | <input type="checkbox"/> Wholesale & Retail Trade; Repairs of Motor Vehicles, Motorcycles, and Personal & Household Goods |
| <input type="checkbox"/> Health & Social Work | <input type="checkbox"/> Funeral |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Others, Specify _____ |
| <input type="checkbox"/> Electricity, Gas & Water supplies | |

H1. Products/Commodities _____

H2. Services Rendered (please specify) _____

H3. Annual Volume of Business (Amount in Php):

H3.a For Credit, Loans granted _____

H3.b For Service, Gross receipt _____

H3.c For Consumer/Marketing/Sales _____

I. Information on Number of Employees

Number of Employees	Current Year		
	Male	Female	TOTAL
Full-time			
Part-Time			
Total			

Note: In case of Workers Cooperative, all workers are considered direct employees of the cooperative.

J. Information on Number of Volunteer Workers

Number of Volunteer Workers	Current Year		
	Male	Female	TOTAL
Volunteer			

Note: Volunteers are members rendering services to the cooperative without salary.

K. Contact Person

a. Name : _____

b. Designation: _____

c. Phone Number: _____

d. Fax Number: _____

e. Email Address: _____

L. Information on Membership

Particulars	For Primary		For Secondary	For Tertiary	Other Juridical Persons
	Male	Female	Primary	Secondary	
No. of Regular members					
No. of Associate members					
Total No. of Members					
Target/Potential Membership					

L1. Membership Composition (Indicate Number)

- | | | | |
|--------------------|-------|--------------------------|-------|
| a. Farmers | _____ | g. Indigenous People | _____ |
| b. ARBs | _____ | h. Differently Abled/PWD | _____ |
| c. Fisherfolk | _____ | i. Senior Citizen | _____ |
| d. OFWs | _____ | j. Women | _____ |
| e. Teachers | _____ | k. Youth | _____ |
| f. Rebel Returnees | _____ | l. Others, specify ... | _____ |

(In case of residential membership there can be multiple entries)

L2. Information on Cooperative Branches/Satellite Offices

	Numbers
Branch Office	
Satellite Office	

L3. Details of Cooperative Branches/Satellites

Address of Branch/Satellite	No. Members	Volume of Business (Php)	Paid Up Capital	Savings Generated
	Male			

M. Certificate of Good Standing (CGS)

	Regular	Special
CGS NO.		
Date Issued		

N. Certificate of Tax Exemption/Ruling

Date Issued	
Validity	

O. Information on Savings Deposits

Type of Deposits	Regular Members			Associate Members		
	No. of Members with deposit accounts	No. of Accounts	Total Amount	No. of Members with deposit accounts	No. of Accounts	Total Amount
Savings deposits						
Time deposits						
Other types of deposits, please specify						
Total						

P. Information on Capitalization

	Common	Preferred	Total
Authorized Capital			
Subscribed Capital			
Paid-up Capital			
Deposit for Capital Subscription			
Par Value per Share			

Q. Information on Statutory Reserves

	Amount utilized for the year	Accumulated Balance
General Reserve Fund		
CETF		
Remitted to Federation/Union		
Retained amount		
Community Development Fund		
Optional Fund		

R. Information on External Audit

- a. Date of last audit _____
- b. Period of Operation Covered by the last audit _____
- c. Name of external auditor _____

S. Ratings

I. **Social Audit**

1. Organization
2. Membership
3. Staff
4. Cooperation Among Cooperatives
5. Community and Nation
6. Network, Alliances & Linkages

TOTAL

II. **Performance Audit**

1. Organizational Aspect
2. Social Aspect
3. Economic Aspect
 - 3a. Adequacy of Internal Control
 - 3b. Financial Ratios
 - 3b.1 Profitability Performance
 - 3b.2 Institutional Strength
 - 3b.3 Structure of Assets
 - 3b.4 Operational Strength

TOTAL

III. **PESOS** (For Credit/Multipurpose with credit operations and segregated books of account)

1. Portfolio Quality
2. Efficiency
3. Stability
4. Operations
5. Structure of Assets

TOTAL

Position

- Accountant
- Bookkeeper
- Compliance Officer

Certified True and Correct:

General Manager

Chairman