EUROPEAN CODE OF GOOD CONDUCT FOR MICROCREDIT PROVISION

MID-TERM PROGRESS FORM

(for (re)awarded non-bank microcredit providers)

Name of institution: ______________________________________________________
Contact name: __________________________________________________________
Telephone: __________________________________________________________________
E-mail: __________________________________________________________________

Financial and institutional data

<table>
<thead>
<tr>
<th>Year</th>
<th>Active borrowers (number)</th>
<th>Gross Outstanding Portfolio (€)</th>
<th>Total staff (number)</th>
<th>PAR 30(^1) (%)</th>
<th>Average disbursed loan amount (€)</th>
<th>Operational Self-Sufficiency(^2) (%)</th>
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</thead>
</table>

Explanation: Light green columns populated with data from evaluation report. Light grey column filled in by provider with latest available data

Institutional changes

Since your institution was last awarded the Code certification, has your institution...?
1. Changed its legal form or status, shareholding structure, or merged with another provider?
   Yes ____ No ____
   If yes, please provide details

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\(^1\) Portfolio at Risk: The percentage of outstanding loans that have one or more payments past due more than 30 days.
\(^2\) Operating revenue / (Financial expense + Loan loss provision expense + personnel expense + administrative expense)
2. Changed its mission, social objectives and/or target group?
   Yes _____ No _____
   If yes, please provide details

3. Been subject to insolvency or bankruptcy proceedings?
   Yes _____ No _____
   If yes, please provide details

Changes in practice, systems and processes

Since your institution was last awarded the Code certification, has your institution...?

1. Significantly changed the content and information included in the credit agreement or contract relating to clauses 1.2.1-1.2.8?
   Yes _____ No _____
   If yes, please provide details

2. Changed a major part of or the entirety of the assessment of repayment capacity of customers (e.g. introducing new methods, discontinuing use of external databases etc.)?
   Yes _____ No _____
   If yes, please provide details

3. Changed the client complaint mechanism affecting the channels (email, telephone etc.) clients can use to complain (adding or removing channels) or timeframe to investigate and resolve complaints?
   Yes _____ No _____
   If yes, please provide details

4. Changed the strategic documents (e.g. business plan, strategy etc.) in a way that materially affected the goals of the institution and how it plans to reach them?
   Yes _____ No _____
   If yes, please provide details

5. Significantly changed the membership / composition of the board (e.g. reduced number of board members, replaced more than half the board members, removed board member with particular skills without replacing them)?
   Yes _____ No _____
   If yes, please provide details
6. Changed the frequency of or stopped having external audits?
   Yes _____ N _____
   If yes, please provide details

7. Significantly changed or discontinued its risk mapping process (e.g. method for mapping risk, reduced number of meetings etc.)?
   Yes _____ N _____
   If yes, please provide details

8. Changed the staff post accountable for risk management or his/her responsibilities linked to risk management (e.g. made a different staff post accountable for risk management)?
   Yes _____ N _____
   If yes, please provide details

9. Significantly changed the method, process or requirement for loan approvals (e.g. reduced number of people involved, introduced algorithm to make or support lending decisions etc.)?
   Yes _____ N _____
   If yes, please provide details

10. Significantly changed the anti-money laundering procedure (e.g. verification of customer identity, maintaining transaction records) affecting the scope or nature of the procedure?
    Yes ___ No _____
    If yes, please provide details

11. Changed the internal audit function (e.g. move from in-house to outsourced or vice versa, nature, focus and scope of internal audit) in a way that significantly affects scope and approach?
    Yes ____ N _____
    If yes, please provide details

12. Changed major parts of or the whole Management Information System (MIS) in a way that affects the institution’s ability to generate data for financial reports (balance sheets, income statements), monitoring portfolio quality and managing customer information?
    Yes ____ N _____
    If yes, please provide details
Follow-up to previous Code evaluation:

13. What steps, if any, has your institution taken in response to the recommendations made by the evaluator or the Code Steering Group in relation to the clauses of the Code that your institution did not fully comply with?

<table>
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<tr>
<th>Recommendation</th>
<th>Steps taken</th>
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Please note that the Code Steering Group and the European Commission reserve the right to request additional information or clarifications from awarded institutions, to conduct spot-checks and/or visits (either on-site or remotely), and request a re-evaluation if deemed necessary.

Declaration:

I declare on my word of honour that the information given in this form is true and complete.

Legal representative authorised to sign:

Name (in block letters): ______________________________________________________

Position: __________________________________________________________________

Signature: ___________________________ Date: ___________________________