



Cooperatives and Livelihood Development Department

CLIENT PROFILE AND MONITORING FORM

TYPE OF CLIENT <input type="checkbox"/> Existing MSME (with products/services) <input type="checkbox"/> Potential MSME (no business yet)	SERVICE(S) AVAILED <input type="checkbox"/> Training/Seminar <input type="checkbox"/> Product Development <input type="checkbox"/> Livelihood Training <input type="checkbox"/> Coop Seminar <input type="checkbox"/> CLDF	With CLDD Account? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If POTENTIAL MSME, answer PART 1 and 5 only.

PART 1. PERSONAL INFORMATION

COMPLETE NAME <small>Last Name First Name Middle Initial</small>			DATE OF BIRTH:
CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowe <input type="checkbox"/> Separate <input type="checkbox"/> Separated	EDUCATIONAL ATTAINMENT <input type="checkbox"/> College [] Graduate [] Undergraduate <input type="checkbox"/> High School [] Junior HS [] Senior HS <input type="checkbox"/> Elementary	EMPLOYMENT STATUS <input type="checkbox"/> Business Owner <input type="checkbox"/> Student <input type="checkbox"/> Employed [] Private [] Government <input type="checkbox"/> Cooperative <input type="checkbox"/> N/A	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female MOBILE # EMAIL ADDRESS
CALAMBA CITY RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		BARANGAY	<small>If NO, please specify City/Municipality where business is located.</small>
DESIGNATION IN THE BUSINESS <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Representative <input type="checkbox"/> Staff <input type="checkbox"/> Others:			

PART 2. BUSINESS INFORMATION

COMPLETE BUSINESS NAME		DATE ESTABLISHED		
BUSINESS ADDRESS <small>HOUSE/Unit/Lot/Blk No. Street/Subdivision Barangay City/Municipality Province</small>				
PRODUCTS/SERVICES OFFERED				
BUSINESS ACTIVITY <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trading / Retail <input type="checkbox"/> Services <input type="checkbox"/> Agriculture <input type="checkbox"/> Others:	OWNERSHIP <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Association	REGISTRATIONS <input type="checkbox"/> DTI <input type="checkbox"/> CDA <input type="checkbox"/> SEC <input type="checkbox"/> Business Permit <input type="checkbox"/> BIR <input type="checkbox"/> BMBE <input type="checkbox"/> FDA [] LTO [] CPR [] Halal <input type="checkbox"/> Others:	CLASSIFICATION <input type="checkbox"/> Micro (less than 3 million) <input type="checkbox"/> Small (3-15 million) <input type="checkbox"/> Medium 15-100 million) <input type="checkbox"/> Large (more than 100 million) <input type="checkbox"/> Informal (not yet registered)	LOCATION <input type="checkbox"/> own physical store <input type="checkbox"/> rented commercial space <input type="checkbox"/> purely online <input type="checkbox"/> home-based PRODUCTION AREA <input type="checkbox"/> inside home <input type="checkbox"/> separate

PART 3. FINANCIAL AND OPERATIONS

CAPITALIZATION Initial _____ Latest _____	ESTIMATED SALES Peak: _____ Low: _____	OPERATIONS SCHEDULE <input type="checkbox"/> Regular/Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Made to Order <input type="checkbox"/> Others:	Employee Regular Part-Time	MALE	FEMALE
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PART 4. DIGITAL AND ECOMMERCE PLATFORMS

ECOMMERCE <input type="checkbox"/> Lazada <input type="checkbox"/> Instagram <input type="checkbox"/> Shopee <input type="checkbox"/> FB Marketplace <input type="checkbox"/> TikTok <input type="checkbox"/> Others:	SOCIAL MEDIA <input type="checkbox"/> Facebook Name: <input type="checkbox"/> TikTok Username: <input type="checkbox"/> Instagram Username:	PAYMENT OPTIONS <input type="checkbox"/> Cash <input type="checkbox"/> Online Bank <input type="checkbox"/> Gcash <input type="checkbox"/> Credit Card/Check <input type="checkbox"/> Maya <input type="checkbox"/> Others:	TECHNOLOGY <input type="checkbox"/> Website <input type="checkbox"/> POS <input type="checkbox"/> Others:
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PART 5. OTHER INFORMATION

Are you interested to avail/join the following CLDD Programs? <input type="checkbox"/> Livelihood Training <input type="checkbox"/> Cooperative Seminars <input type="checkbox"/> Marketing Activities <input type="checkbox"/> CLDF (Soft Loan) <input type="checkbox"/> Others:	What type of business activity are you interested in? <input type="checkbox"/> Manufacturing/Processing <input type="checkbox"/> Toll Manufacturing <input type="checkbox"/> Digital Services <input type="checkbox"/> Franchising/Expansion <input type="checkbox"/> Others:	What topics are you interested in? <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Branding <input type="checkbox"/> Product Dev't <input type="checkbox"/> Requirements <input type="checkbox"/> Franchising <input type="checkbox"/> Photo & Video <input type="checkbox"/> Financing Programs <input type="checkbox"/> FDA Food Compliances <input type="checkbox"/> Bookkeeping & Tax <input type="checkbox"/> Packaging and Labeling <input type="checkbox"/> Content Creation <input type="checkbox"/> Marketing and Ecommerce <input type="checkbox"/> Others:
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CONSENT: I hereby give my consent to the Cooperatives and Livelihood Development Department (CLDD) of the City Government of Calamba to collect and process the information provided in this form. I am aware that by providing these details, the CLDD will use it for the purpose of monitoring, measuring, and improving CLDD programs and services. I shall notify CLDD in case of any changes in the information provided in this form. This consent shall be valid, unless revoked or withdrawn as stated in the provisions of the Data Privacy Act of 2012.

Client's Signature

Date

TO BE ACCOMPLISHED BY CLDD

ENTERPRISE LEVEL ☐ Level 0 (Potential) ☐ Level 1.1 (Not yet registered) ☐ Level 1.2 (Partially registered)
 ☐ Level 2 (Fully registered) ☐ Level 3 (Expanding) ☐ Level 4 (Sustainable)

ACCOMPLISHED BY _____ **DATE** _____