



## Cooperatives and Livelihood Development Department

### CLIENT PROFILE AND MONITORING FORM

TYPE OF CLIENT	SERVICE(S) AVAILED	With CLDD Account?
<input type="checkbox"/> Existing MSME (with products/services)	<input type="checkbox"/> Training/Seminar	<input type="checkbox"/> Product Development
<input type="checkbox"/> Potential MSME (no business yet)	<input type="checkbox"/> Livelihood Training	<input type="checkbox"/> Coop Seminar

If POTENTIAL MSME, answer PART 1 and 5 only.

#### PART 1. PERSONAL INFORMATION

COMPLETE NAME			DATE OF BIRTH:
Last Name _____ First Name _____ Middle Initial _____			
CIVIL STATUS	EDUCATIONAL ATTAINMENT	EMPLOYMENT STATUS	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated <input type="checkbox"/> Separated	<input type="checkbox"/> College <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> High School <input type="checkbox"/> Junior HS <input type="checkbox"/> Senior HS <input type="checkbox"/> Elementary	<input type="checkbox"/> Business Owner <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Cooperative <input type="checkbox"/> N/A	MOBILE # _____ EMAIL ADDRESS _____

CALAMBA CITY RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	BARANGAY _____	If NO, please specify City/Municipality where business is located. _____
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DESIGNATION IN THE BUSINESS	<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Representative	<input type="checkbox"/> Staff	<input type="checkbox"/> Others:
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#### PART 2. BUSINESS INFORMATION

COMPLETE BUSINESS NAME _____	DATE ESTABLISHED _____
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BUSINESS ADDRESS	HOUSE/Unit/Lot/Bld No. _____	Street/Subdivision _____	Barangay _____	City/Municipality _____	Province _____
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#### PRODUCTS/SERVICES OFFERED

BUSINESS ACTIVITY	OWNERSHIP	REGISTRATIONS	CLASSIFICATION	LOCATION
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Trading / Retail <input type="checkbox"/> Services <input type="checkbox"/> Agriculture <input type="checkbox"/> Others:	<input type="checkbox"/> Single Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Association	<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 <input type="checkbox"/> LTO <input type="checkbox"/> CPR <input type="checkbox"/> Halal <input type="checkbox"/> Others:	<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)	<input type="checkbox"/> own physical store <input type="checkbox"/> rented commercial space <input type="checkbox"/> purely online <input type="checkbox"/> home-based <input type="checkbox"/> inside home <input type="checkbox"/> separate
<b>PRODUCTION AREA</b>				

#### PART 3. FINANCIAL AND OPERATIONS

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

#### PART 4. DIGITAL AND ECOMMERCE PLATFORMS

ECOMMERCE	SOCIAL MEDIA	PAYMENT OPTIONS	TECHNOLOGY
<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:	<input type="checkbox"/> Facebook <small>Name:</small> <input type="checkbox"/> TikTok <small>Username:</small> <input type="checkbox"/> Instagram <small>Username:</small>	<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:	<input type="checkbox"/> Website <input type="checkbox"/> POS <input type="checkbox"/> Others:

#### PART 5. OTHER INFORMATION

Are you interested to avail/join the following CLDD Programs?	What type of business activity are you interested in?	What topics are you interested in?
<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:	<input type="checkbox"/> Manufacturing/Processing <input type="checkbox"/> Toll Manufacturing <input type="checkbox"/> Digital Services <input type="checkbox"/> Franchising/Expansion <input type="checkbox"/> Others:	<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:

**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	<input type="checkbox"/> Level 0 (Potential) <input type="checkbox"/> Level 1.1 (Not yet registered) <input type="checkbox"/> Level 1.2 (Partially registered)	<input type="checkbox"/> Level 2 (Fully registered) <input type="checkbox"/> Level 3 (Expanding) <input type="checkbox"/> Level 4 (Sustainable)
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ACCOMPLISHED BY \_\_\_\_\_

DATE \_\_\_\_\_