



REPUBLIC OF THE PHILIPPINES  
**COOPERATIVE DEVELOPMENT AUTHORITY**

**EX**cellence, **C**ommitment, **I**ntegrity and **TE**amwork



827 Aurora Blvd., Service Road,  
Brgy. Immaculate Conception,  
1111 Cubao, Quezon City,  
Philippines

<http://www.cda.gov.ph>  
[chairman@cda.gov.ph](mailto:chairman@cda.gov.ph)  
Philippine Cooperators Page  
<https://twitter.com/CDAPHils>

**COOPERATIVE ANNUAL PROGRESS REPORT INFORMATION SYSTEM  
(CAPRIS)  
Users' Guide for Cooperatives**

**Version 1.0**

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## I. Background:

In order to deliver fast, easy and convenient services to the cooperatives, the CDA utilized the current trends in information technology which is the internet.

## II. Site Address: <http://www.cda.gov.ph>



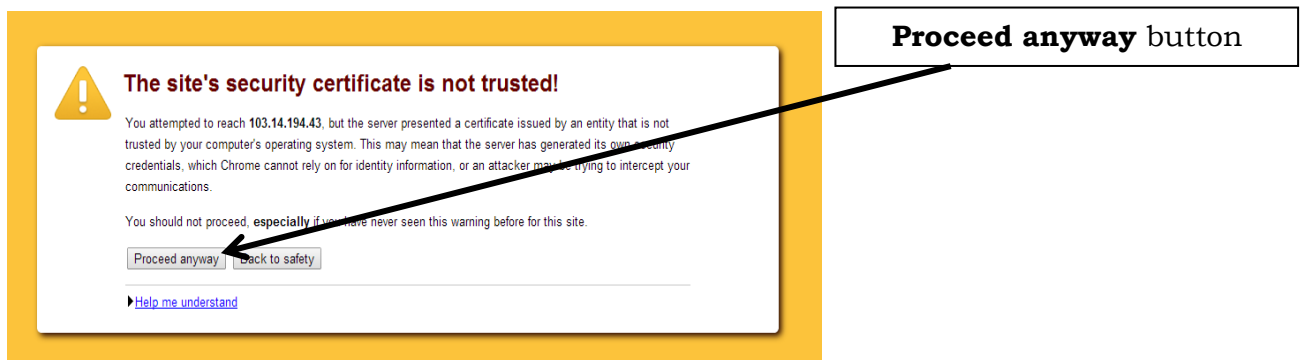
The screenshot shows the CDA website interface. On the left sidebar, there is a vertical menu of blue buttons: COOP STATISTICS, FEATURED COOPS, MASTERLIST, PCMTDP, RESERVE COOP NAME, SUBMIT CAPR, CBMIS E-COOPTRADE, SCHEDULE TRNG SERVICE PROVIDERS, MEMORANDUM CIRCULARS, ACCOMPLISHMENT REPORTS, and CITIZENS. A blue arrow points from a callout box on the right to the 'SUBMIT CAPR' button. The callout box contains the text: 'Click the button "SUBMIT CAPR"'. The main content area displays profiles for Administrator Benjie S. Oliva and Administrator Paisal I. Cali, along with a press release titled 'IMPORTATION PERMITS FOR ONIONS'.

## III. General Guidelines:

### 1. Recommended Browsers

#### a. Google Chrome

For **Google Chrome** browser: If you see this page, just click **Proceed anyway** button



The screenshot shows a yellow-bordered security warning dialog box from Google Chrome. The title is 'The site's security certificate is not trusted!'. The text explains that the server presented a certificate issued by an untrusted entity. At the bottom, there are two buttons: 'Proceed anyway' and 'Back to safety'. A black arrow points from a callout box on the right to the 'Proceed anyway' button. The callout box contains the text: 'Proceed anyway button'.

### 2. Required installed applications, plug-ins and other deviceable to print the CAPR, and other reports generated by the CAPR system:

2.1 **PDF reader** (version 10 or higher)

2.2 **Printer**

3. Ensure that there is an internet connection. The recommended internet speed is **5MBps**
4. Close other browsers and applications (MS Word, MS Excel, MS PowerPoint) to free system memory.
5. If there are problems or errors and you cannot continue on the process, please e-mail **[cda.capris.seu@gmail.com](mailto:cda.capris.seu@gmail.com)**

## **COOPERATIVE ANNUAL PROGRESS REPORT SUBMISSION**

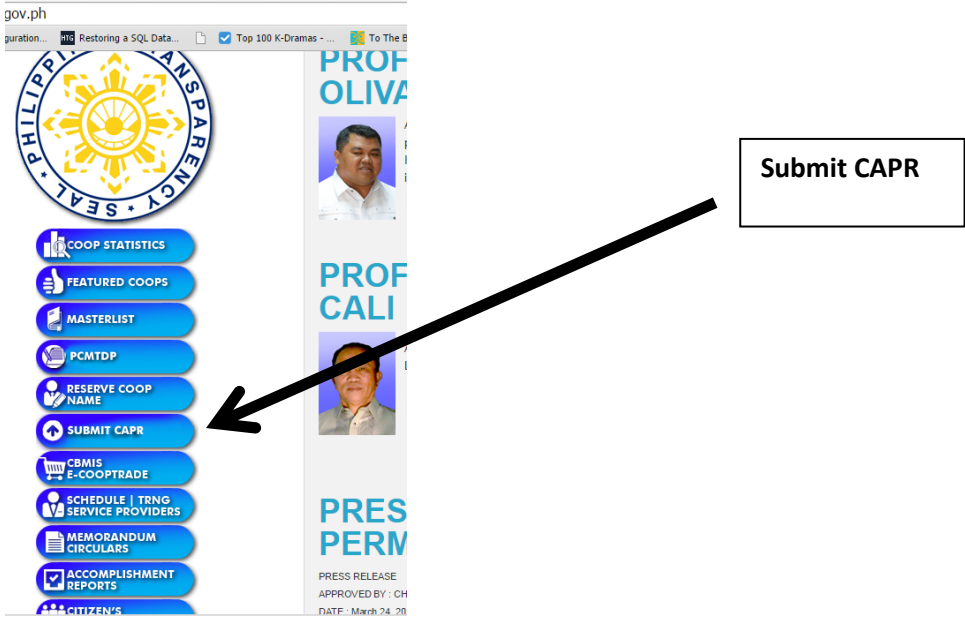
The CAPRIS is a system that allows cooperatives to submit the CAPR report online. An acknowledgement receipt/letter will be generated by the system with a reference ID that will serve as basis by the cooperative in confirmation of the online submission of the CAPR.

### **A. General Instructions:**

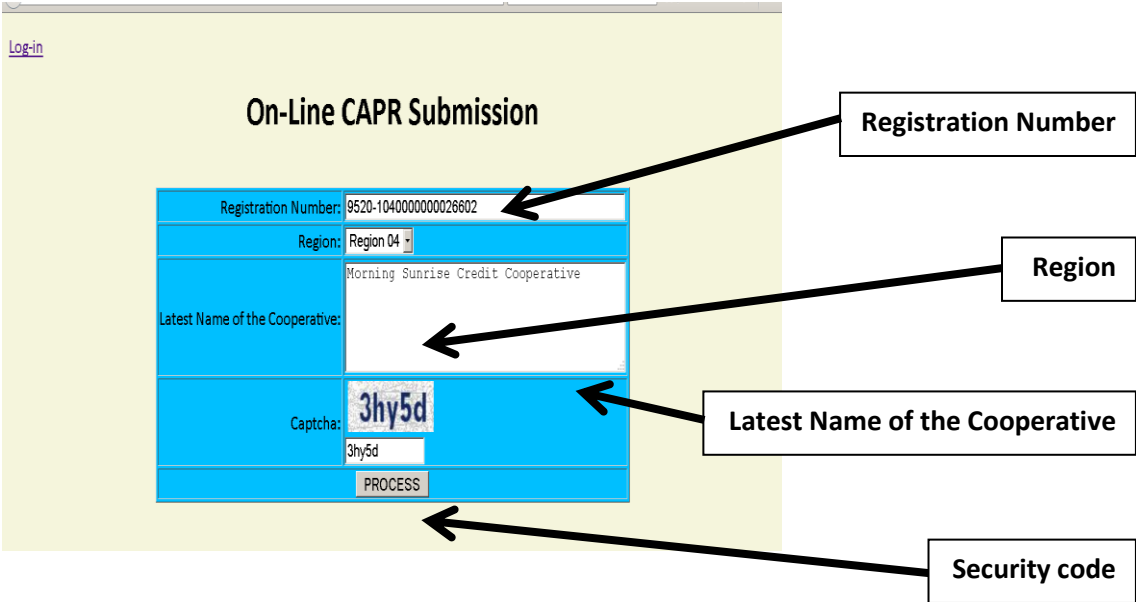
1. All data fields are required fields and should be filled-out with appropriate information. No data field should be left unfilled.  
  
Write **0** (zero) for none in fields requiring numerical value and **NA** (Not Applicable) for fields requiring words/terminologies.
2. CAPR may only be submitted once ANNUALLY within one hundred twenty (120) days after the end of the calendar year.
3. Submission of CAPR shall be done electronically through <http://www.cda.gov.ph> in accordance to MC No. 2-14-05. Likewise, the cooperative shall submit to the Authority, through the Extension Office, one (1) copy of the encoded CAPR Form within five (5) days from the electronic submission duly signed by the Accountable Officer.
4. Only Authorized Representative/s of the Cooperative shall encode from the online CAPR Form.
5. The Chairman and the General Manager shall certify to the truthfulness and correctness of the information contained herein.
6. Once completed, the *Cooperative Representative* shall click the SUBMIT button taking into consideration the reference ID which will certify that the submission has been done electronically.
7. The *Cooperative Representative* shall then save and/or print the report.
8. The printed CAPR from the online submission shall be submitted to their respective Extension Office where the cooperative was registered within five (5) days from the electronic submission duly signed by the Accountable Officer.

# STEPS IN COOPERATIVE ANNUAL PROGRESS REPORT ON-LINE SUBMISSION

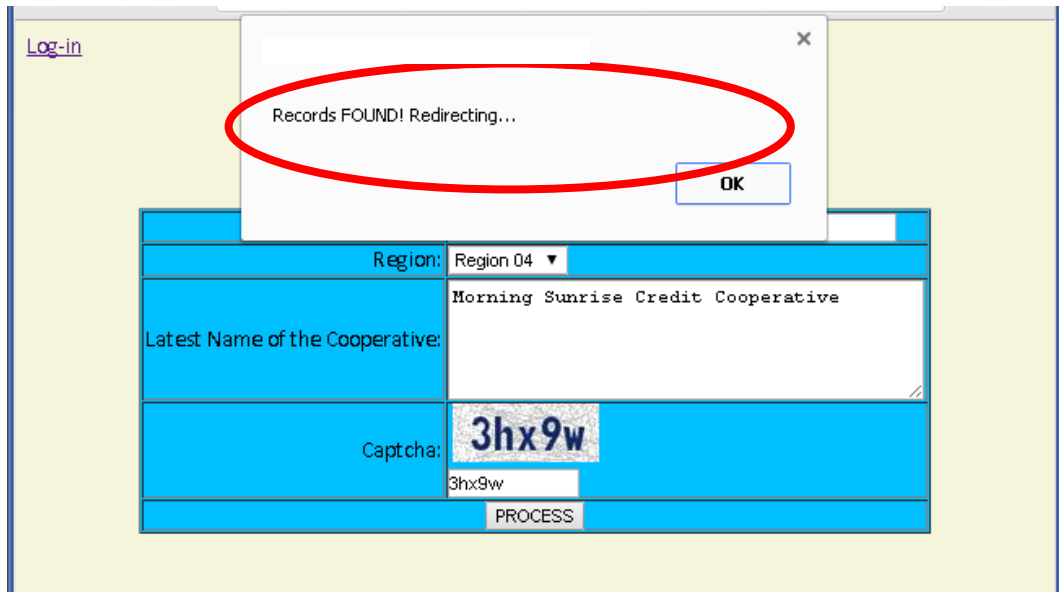
**Step 1: Client and/or cooperative** – the client and/or cooperatives may submit the Cooperative Annual Progress Report on-line through the <http://www.cda.gov.ph>. Click the icon/link->**Submit CAPR online**.



**Step 2:** The On-Line CAPR Submission Form Home Page will be loaded. Fill-out the necessary input fields, then click the **PROCESS** button.



**Step 3:** If the all inputted credentials are correct, a confirmation pop-up box will appear, and the CAPR On-Line Form will be loaded.



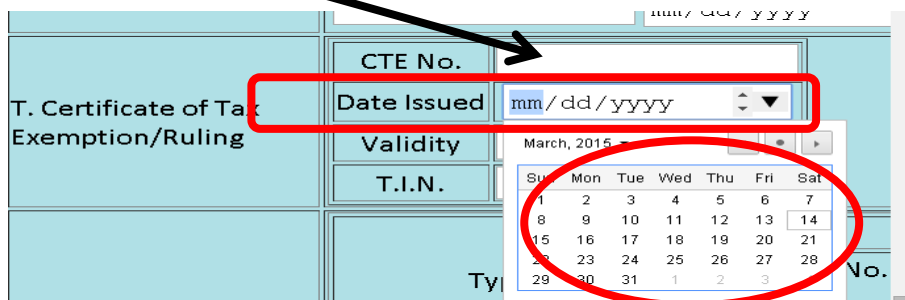
**Step 4:** Fill-up the necessary fields, then click **Submit** button.

**Types of Input Fields in the ON-LINE CAPR FORM:**

**1. Drop-down listbox**



**2. Date picker**



### 3. Input textbox

Number of Volunteer Workers	Volunteer					
	<i>Note: Volunteers are members rendering services to the cooperative without</i>					
Q. Contact Person	a. Name					
	b. Designation:					
	c. Phone Number:					
	d. Fax Number:					
	e. Email Address:					
	<table border="1"> <tr> <th rowspan="2">Particulars</th> <th colspan="2">For Primary</th> </tr> <tr> <th>Male</th> <th>Female</th> </tr> </table>	Particulars	For Primary		Male	Female
Particulars	For Primary					
	Male	Female				

### COMPLETE ON-LINE CAPR FORM SCREEN SHOTS:

CDS-SEU-FR-003  
Revision No. 3  
Effectivity Date: February 11, 2015

**COOPERATIVE DEVELOPMENT AUTHORITY**  
Cooperative Annual Progress Report (CAPR)  
As of December 31,

**INSTRUCTIONS TO COOPERATIVES**

1. All blanks shall be filled-up with appropriate information.
2. The submission of the duly accomplished Cooperative Annual Progress Report (CAPR) Form shall be done ANNUALLY within One Hundred Twenty (120) days after the end of the calendar year.
3. Submission to CDA shall be done electronically through www.cda.gov.ph in accordance with MC No. 2014-05. Likewise, the cooperative shall submit to the Authority, through the Extension Office, one (1) copy of the encoded CAPR Form within five (5) days from the electronic submission duly signed by the Accountable Officer.
4. The Authorized Representative of the Cooperative shall encode all the data required in the CAPR Form.
5. The Chairman and General Manager shall certify to the truthfulness and correctness of the information contained herein.
6. All MultiPurpose Cooperatives shall segregate records per economic activity.
7. Do not leave blank. Write zero (0) for none and NA for Not Applicable.

**GENERAL INFORMATION**

A. Cooperative Identification Number (CIN): *	40201526602
B. Name of the Cooperative as of latest amendment: *	Morning Sunrise Credit Cooperative
C. Registration Number (under RA 9520): *	9520-1040000000026602
D. Date Registered:	
Original Registration Date under RA 6938: *	mm/dd/yyyy <i>Note: The date should be the latest Registration Date prior to RA 9520</i>
Registration Date under RA 9520: *	2015-03-14
E. Business Permit	
Business Permit No.: *	
Date Issued: *	mm/dd/yyyy
Amount Paid: *	
F. Present Address of Cooperative:	
Region: *	Region 04
Province: *	Cavite
District: *	2nd
City/Municipality: *	Bacoor
Street Address: *	1
G. Category of Cooperative: *	Primary
H. Type of Cooperative: *	Credit
I. Common Bond of Membership: *	Occupational
J. Date of General Assembly: *	mm/dd/yyyy
K. Quorum Requirement [%]: *	25
L. Fiscal Year: *	<i>Note: From Month To Month e.g. January - December, July - June</i>
M. Area of Operation: *	Others, pls. specify

N1. Business Activities and Annual Volume of Business: * (Please specify)	Business Activity	Amount																
			<a href="#">Add More Business Activity</a>															
<p>Note:          If the business activity is Lending, enter the Gross Amount of Loan Releases.          If the business activity is Selling/Marketing, enter the Gross Amount of Sales.          If the business activity is Labor Service, enter the Total Contract Price.          For the business activity of Other Services, enter the Gross Receipts/Service Income.</p>																		
N2. Products/Commodities: *																		
N3. Services Rendered: *																		
O. Information on Number of Employees *	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Current Year</th> </tr> <tr> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Salaried Personnel</td> <td></td> <td></td> </tr> <tr> <td>Honoraria</td> <td></td> <td></td> </tr> </tbody> </table>					Current Year		Male	Female	Salaried Personnel			Honoraria					
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Male		Female																
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Honoraria																		
<p>Note: Honoraria - number of officers/employees receiving honoraria.          Note: In case of Workers Cooperative, all workers are considered direct employees of the cooperative.</p>																		
P. Information on Number of Volunteer Workers *	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">Current Year</th> </tr> <tr> <th>Male</th> <th># of days</th> <th>Female</th> <th># of days</th> </tr> </thead> <tbody> <tr> <td>Volunteer</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Current Year				Male	# of days	Female	# of days	Volunteer				
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<p>Note: Volunteers are members rendering services to the cooperative without salary/honoraria.</p>																		
Q. Contact Person *	a. Name:																	
	b. Designation:																	
	c. Phone Number:																	
	d. Fax Number:																	
	e. Email Address:																	
R. Information on Membership *	Particulars	For Primary		Other Juridical Persons														
		Male	Female															
	No. of Regular Members:																	
	No. of Associate Members:																	
Target/Potential Members:																		
R1. Membership Composition *	Membership Composition	Number of Members																
			<a href="#">Add More Membership Composition</a>															
R2. List of Officers *	R2.a. Board of Directors																	
	Position	Name	Address															
	CHAIRPERSON																	
	VICE-CHAIRPERSON																	
			<a href="#">Add More Board of Director</a>															
	Note: For Address, please indicate complete postal address.																	
	R2.b. Other Officers																	
	Position	Name	Address															
	SECRETARY																	
	TREASURER																	
	GENERAL MANAGER																	
			<a href="#">Add More Other Officer</a>															
	Note: For Address, please indicate complete postal address.																	
R2.c. Committees of the Cooperative																		
A. AUDIT COMMITTEE																		
Position	Name	Address																
CHAIRPERSON																		
VICE-CHAIRPERSON																		
SECRETARY																		
		<a href="#">Add More Audit Committee Officer</a>																
Note: For Address, please indicate complete postal address.																		



	<p><b>B. ELECTION COMMITTEE</b></p> <table border="1"> <thead> <tr> <th>Position</th> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>CHAIRPERSON</td> <td></td> <td></td> </tr> <tr> <td>VICE-CHAIRPERSON</td> <td></td> <td></td> </tr> <tr> <td>SECRETARY</td> <td></td> <td></td> </tr> </tbody> </table> <p><a href="#">Add More Election Committee Officer</a></p> <p><i>Note: For Address, please indicate complete postal address.</i></p> <p><b>C. MEDIATION AND CONCILIATION COMMITTEE</b></p> <table border="1"> <thead> <tr> <th>Position</th> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>CHAIRPERSON</td> <td></td> <td></td> </tr> <tr> <td>VICE-CHAIRPERSON</td> <td></td> <td></td> </tr> <tr> <td>SECRETARY</td> <td></td> <td></td> </tr> </tbody> </table> <p><a href="#">Add More Mediation and Conciliation Committee Officer</a></p> <p><i>Note: For Address, please indicate complete postal address.</i></p> <p><b>D. ETHICS COMMITTEE</b></p> <table border="1"> <thead> <tr> <th>Position</th> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>CHAIRPERSON</td> <td></td> <td></td> </tr> <tr> <td>VICE-CHAIRPERSON</td> <td></td> <td></td> </tr> <tr> <td>SECRETARY</td> <td></td> <td></td> </tr> </tbody> </table> <p><a href="#">Add More Ethics Committee Officer</a></p> <p><i>Note: For Address, please indicate complete postal address.</i></p> <p><b>D. OTHER COMMITTEE: Enter total number of officers for Other Committee:</b> <input type="text"/> <a href="#">Add Other Committee</a></p>	Position	Name	Address	CHAIRPERSON			VICE-CHAIRPERSON			SECRETARY			Position	Name	Address	CHAIRPERSON			VICE-CHAIRPERSON			SECRETARY			Position	Name	Address	CHAIRPERSON			VICE-CHAIRPERSON			SECRETARY		
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SECRETARY																																					
R3. Information on Cooperative Branches/Satellites *	<p>No. of Branches: <input type="text"/></p> <p>No. of Satellites: <input type="text"/></p>																																				
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R5. Details of Cooperative Satellites *																																					
R6. Laboratory Cooperative *	<table border="1"> <thead> <tr> <th>Name and Address of the Laboratory Cooperative</th> <th>Type of Members</th> <th>No. of Male Members</th> <th>No. of Female Members</th> <th>Recognition Number</th> <th>Date Recognized</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/> mm/dd/yyyy</td> </tr> </tbody> </table> <p><a href="#">Add More Lab. Coop.</a></p> <p><i>Note: For Type of Members, please indicate school-based or community-based or out-of-school-youth, etc.</i></p>	Name and Address of the Laboratory Cooperative	Type of Members	No. of Male Members	No. of Female Members	Recognition Number	Date Recognized	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> mm/dd/yyyy																								
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R7. Financial Aspect of Laboratory Cooperative *	<table border="1"> <thead> <tr> <th>Service of Laboratory Cooperative</th> <th>Deposit Liabilities</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <p><a href="#">Add More Service of Laboratory Cooperative</a></p>	Service of Laboratory Cooperative	Deposit Liabilities	<input type="text"/>	<input type="text"/>																																
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R8. Information on Deposit Liabilities of Laboratory Cooperative *	<table border="1"> <thead> <tr> <th>Type of Deposits</th> <th>No. of Members with deposit accounts</th> <th>No. of Accounts</th> <th>Total Amount</th> </tr> </thead> <tbody> <tr> <td>Savings deposits</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Time deposits</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other types of deposits, please specify:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Type of Deposits	No. of Members with deposit accounts	No. of Accounts	Total Amount	Savings deposits	<input type="text"/>	<input type="text"/>	<input type="text"/>	Time deposits	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other types of deposits, please specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>																				
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S. Certificate of Good Standing (CGS) *	<p><b>S1. Regular CGS</b></p> <table border="1"> <thead> <tr> <th>CGS No.</th> <th>Date of Issue</th> <th>Valid Until</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/> mm/dd/yyyy</td> <td><input type="text"/> mm/dd/yyyy</td> </tr> </tbody> </table> <p><b>S2. Special CGS</b></p> <table border="1"> <thead> <tr> <th>CGS No.</th> <th>Date of Issue</th> <th>Purpose of the Issuance</th> <th>Valid Until</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/> mm/dd/yyyy</td> <td><input type="text"/></td> <td><input type="text"/> mm/dd/yyyy</td> </tr> </tbody> </table> <p><a href="#">Add More Service Special CGS</a></p>	CGS No.	Date of Issue	Valid Until	<input type="text"/>	<input type="text"/> mm/dd/yyyy	<input type="text"/> mm/dd/yyyy	CGS No.	Date of Issue	Purpose of the Issuance	Valid Until	<input type="text"/>	<input type="text"/> mm/dd/yyyy	<input type="text"/>	<input type="text"/> mm/dd/yyyy																						
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T. Certificate of Tax Exemption/Ruling *	<table border="1"> <tbody> <tr> <td>CTE No.</td> <td><input type="text"/></td> </tr> <tr> <td>Date Issued</td> <td><input type="text"/> mm/dd/yyyy</td> </tr> <tr> <td>Validity</td> <td><input type="text"/></td> </tr> <tr> <td>T.I.N.</td> <td><input type="text"/></td> </tr> </tbody> </table>	CTE No.	<input type="text"/>	Date Issued	<input type="text"/> mm/dd/yyyy	Validity	<input type="text"/>	T.I.N.	<input type="text"/>																												
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U. Information on Deposit Liabilities *	<table border="1"> <thead> <tr> <th rowspan="2">Type of Deposits</th> <th colspan="3">Regular Members</th> <th colspan="3">Associate Members</th> </tr> <tr> <th>No. of Members with deposit accounts</th> <th>No. of Accounts</th> <th>Total Amount</th> <th>No. of Members with deposit accounts</th> <th>No. of Accounts</th> <th>Total Amount</th> </tr> </thead> <tbody> <tr> <td>Savings deposits</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Time deposits</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other Types of deposits, please specify:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Time deposits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other Types of deposits, please specify:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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V. Information on Capitalization *	<table border="1"> <thead> <tr> <th></th> <th>Common</th> <th>Preferred</th> </tr> </thead> <tbody> <tr> <td>Authorized Capital</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Subscribed Capital</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Paid-up Capital</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Deposit for Capital Subscription</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Par Value per Share</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Treasury Shares</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Common	Preferred	Authorized Capital	<input type="text"/>	<input type="text"/>	Subscribed Capital	<input type="text"/>	<input type="text"/>	Paid-up Capital	<input type="text"/>	<input type="text"/>	Deposit for Capital Subscription	<input type="text"/>	<input type="text"/>	Par Value per Share	<input type="text"/>	<input type="text"/>	Treasury Shares	<input type="text"/>	<input type="text"/>															
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Par Value per Share	<input type="text"/>	<input type="text"/>																																			
Treasury Shares	<input type="text"/>	<input type="text"/>																																			
W. Information on Actual Taxes Withheld *	<table border="1"> <thead> <tr> <th></th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Employees Salary/Compensation</td> <td><input type="text"/></td> </tr> <tr> <td>Honorarium</td> <td><input type="text"/></td> </tr> <tr> <td>Interest on Share Capital</td> <td><input type="text"/></td> </tr> </tbody> </table>		Total	Employees Salary/Compensation	<input type="text"/>	Honorarium	<input type="text"/>	Interest on Share Capital	<input type="text"/>																												
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	Total
Employees Salary/Compensation	
Honorarium	
Interest on Share Capital	
Other taxes, pls. specify	

Note: For Employees Salary/Compensation, please include other taxable benefits.

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

Note: For Remitted to Federation/Union:  
 \* For the Amount utilized for the year, please enter the amount remitted to federation/union for the reporting period if the cooperative is affiliated to a federation or union.  
 \* For the Accumulated Balance, please enter the amount of due from federations/unions under Liability Account.

Prepared by:

Position:

Certified true and correct:

General Manager \*       Chairperson \*

**Step 5:** After clicking **Submit** button, a **confirmation pop-up message will appear**, and an **on-line filled-out CAPR Form will be generated** with an **acknowledgement letter as cover page**. Print this form by pressing **CTRL-P** on the keyboard, choose the **appropriate printer** and set the **number of copies**, then **click print**.

Confirmation pop-up message

CETF Local	3565653.33
Remitted	656563.66
Community	54542.22
Optional F	66325.55

Report submitted! Thank you! Redirecting...

Prepared by:

Position:

Certified true and correct:

General Manager \*       Chairperson \*

**SAMPLE ON-LINE CAPR FORM PRINT-OUT:**

**Acknowledgement Letter/ Cover Page**

March 14, 2015

Good day **Morning Sunrise Credit Cooperative**,

Thank you for filing your Cooperative Annual Progress Report (CAPR). This email notification indicates that: Your CAPR had been forwarded to the SEU for processing and verification. Please note that the said CAPR does not reflect the completion of your submission unless a copy of the encoded CAPR Form has been submitted to the Authority, through the Extension Office, within five (5) days from the electronic submission duly signed by the Accountable Officer.

**REPUBLIC OF THE PHILIPPINES**  
**DEPARTMENT OF FINANCE**  
**COOPERATIVE DEVELOPMENT AUTHORITY**

CAPR SUMMARY

REG. NO.	:	9520-104000000026602
CIN	:	40201526602
NAME	:	Morning Sunrise Credit Cooperative
FILING REFERENCE NO.	:	270

**Printable CAPR Form**

CDA-SEU-FR-003  
Revision No. 3  
Effectivity Date: February 11, 2015

**COOPERATIVE DEVELOPMENT AUTHORITY**  
 Cooperative Annual Progress Report (CAPR) Form

As of December 31,

**GENERAL INFORMATION**

A. Cooperative Identification Number (CIN):	40201526602
B. Name of the Cooperative as of latest amendment:	Morning Sunrise Credit Cooperative
C. Registration Number (under RA 9520):	9520-104000000026602
D. Date Registered:	
Original Date of Registration:	April 22, 1995
Registration Date under RA 9520:	March 14, 2015

E. Business Permit: Business Permit No.: Date Issued: Amount Paid:	123456789 January 23, 1995 PHP 143.44																																																
F. Present Address of Cooperative: Region: Province: District: City/Municipality: Street Address:	Cavite 2nd Bacoor Block 22 Lot 1 Barangay Queens Row East																																																
G. Category of Cooperative:	Primary Cooperative																																																
H. Type of Cooperative:	Credit Cooperative																																																
I. Common Bond of Membership:	Occupational																																																
J. Date of General Assembly:	January 23, 2014																																																
K. Quorum Requirement:	25																																																
L. Fiscal Year:	January - December																																																
M. Scope:	Municipal																																																
N1. Products/Commodities:	product 01, product 02, product 03, product 04, and product 05																																																
N2. Services Rendered:	service 01, service 02, service 03, service 04, and service 05																																																
N3. Annual Volume of Business:	<table border="1"> <thead> <tr> <th>Business Activity</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Business Activity Number 01</td> <td>12,345,678.91</td> </tr> <tr> <td>Business Activity Number 02</td> <td>14,526.63</td> </tr> <tr> <td>Business Activity Number 03</td> <td>1,236,589.90</td> </tr> </tbody> </table>	Business Activity	Amount	Business Activity Number 01	12,345,678.91	Business Activity Number 02	14,526.63	Business Activity Number 03	1,236,589.90																																								
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O. Information on Number of Employees:	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Current Year</th> <th rowspan="2">TOTAL</th> </tr> <tr> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>Salaried Personnel</td> <td>12</td> <td>34</td> <td>46</td> </tr> <tr> <td>Honoraria</td> <td>56</td> <td>78</td> <td>134</td> </tr> </tbody> </table>		Current Year		TOTAL	Male	Female	Salaried Personnel	12	34	46	Honoraria	56	78	134																																		
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P. Information on Number of Volunteer Workers:	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">Current Year</th> <th rowspan="2">TOTAL</th> </tr> <tr> <th>Male</th> <th># of days</th> <th>Female</th> <th># of days</th> </tr> </thead> <tbody> <tr> <td>Volunteer</td> <td>10</td> <td>20</td> <td>30</td> <td>40</td> <td>40</td> </tr> </tbody> </table>		Current Year				TOTAL	Male	# of days	Female	# of days	Volunteer	10	20	30	40	40																																
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Q. Contact Person: a. Name: b. Designation: c. Phone Number: d. Fax Number: e. Email address:	Armando Alonzo Arao Chairperson 0932-8812375 632-0756 andy.arao@gmail.com																																																
R. Information on Membership	<table border="1"> <thead> <tr> <th rowspan="2">Particulars</th> <th colspan="2">For Primary</th> <th rowspan="2">Other Juridical Persons</th> </tr> <tr> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td>No. of Regular members</td> <td>10</td> <td>20</td> <td>0</td> </tr> <tr> <td>No. of Associate members</td> <td>5</td> <td>5</td> <td>0</td> </tr> <tr> <td>Total No. of Members</td> <td>15</td> <td>25</td> <td>0</td> </tr> <tr> <td>Target/Potential Membership</td> <td>5,000</td> <td>5,000</td> <td>0</td> </tr> </tbody> </table>	Particulars	For Primary		Other Juridical Persons	Male	Female	No. of Regular members	10	20	0	No. of Associate members	5	5	0	Total No. of Members	15	25	0	Target/Potential Membership	5,000	5,000	0																										
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R2. List of Officers	<p>R2.c Committees of the Cooperative</p> <p><b>1. AUDIT COMMITTEE</b></p> <table border="1"> <thead> <tr> <th>NO.</th> <th>POSITION</th> <th>NAME</th> <th>ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>CHAIRPERSON</td> <td>Donald Duck</td> <td>#11 AAA Village, Molino 1, Bacoor City, Cavite</td> </tr> <tr> <td>2.</td> <td>VICE-CHAIRPERSON</td> <td>Mickey Mouse</td> <td>#22 BBB Village, Molino 1, Bacoor City, Cavite</td> </tr> <tr> <td>3.</td> <td>SECRETARY</td> <td>Bugs Bunny</td> <td>#33 CCC Village, Molino 1, Bacoor City, Cavite</td> </tr> </tbody> </table> <p><b>2. ELECTION COMMITTEE</b></p> <table border="1"> <thead> <tr> <th>NO.</th> <th>POSITION</th> <th>NAME</th> <th>ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>CHAIRPERSON</td> <td>Sampa Lok</td> <td>B2 L6 Everlasting St., QR West, Bacoor City, Cavite</td> </tr> <tr> <td>2.</td> <td>VICE-CHAIRPERSON</td> <td>San Tol</td> <td>B3 L5 Ilang-Ilang St., QR West, Bacoor City, Cavite</td> </tr> <tr> <td>3.</td> <td>SECRETARY</td> <td>Du Rian</td> <td>B4 L4 Rose St., QR West, Bacoor City, Cavite</td> </tr> </tbody> </table> <p><b>3. MEDIATION AND CONCILIATION COMMITTEE</b></p> <table border="1"> <thead> <tr> <th>NO.</th> <th>POSITION</th> <th>NAME</th> <th>ADDRESS</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>CHAIRPERSON</td> <td>Guma Mela</td> <td>Queens Love St., QR Central, Bacoor City, Cavite</td> </tr> <tr> <td>2.</td> <td>VICE-CHAIRPERSON</td> <td>Sampa Guita</td> <td>Queens Crown St., QR Central, Bacoor City, Cavite</td> </tr> <tr> <td>3.</td> <td>SECRETARY</td> <td>San Tan</td> <td>Queens Lane St., QR Central, Bacoor City, Cavite</td> </tr> </tbody> </table>	NO.	POSITION	NAME	ADDRESS	1.	CHAIRPERSON	Donald Duck	#11 AAA Village, Molino 1, Bacoor City, Cavite	2.	VICE-CHAIRPERSON	Mickey Mouse	#22 BBB Village, Molino 1, Bacoor City, Cavite	3.	SECRETARY	Bugs Bunny	#33 CCC Village, Molino 1, Bacoor City, Cavite	NO.	POSITION	NAME	ADDRESS	1.	CHAIRPERSON	Sampa Lok	B2 L6 Everlasting St., QR West, Bacoor City, Cavite	2.	VICE-CHAIRPERSON	San Tol	B3 L5 Ilang-Ilang St., QR West, Bacoor City, Cavite	3.	SECRETARY	Du Rian	B4 L4 Rose St., QR West, Bacoor City, Cavite	NO.	POSITION	NAME	ADDRESS	1.	CHAIRPERSON	Guma Mela	Queens Love St., QR Central, Bacoor City, Cavite	2.	VICE-CHAIRPERSON	Sampa Guita	Queens Crown St., QR Central, Bacoor City, Cavite	3.	SECRETARY	San Tan	Queens Lane St., QR Central, Bacoor City, Cavite
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4. ETHICS COMMITTEE							
NO.	POSITION	NAME	ADDRESS				
1.	CHAIRPERSON	Masu Nurin	#6 Mercury Ave., Astroville Village, Bacoor City, Cavite				
2.	VICE-CHAIRPERSON	Masi Pag	#9 Mars Ave., Astroville Village, Bacoor City, Cavite				
3.	SECRETARY	Magi Ting	#0 Rainbow Ave., Astroville Village, Bacoor City, Cavite				
5. CREDIT COMMITTEE							
NO.	POSITION	NAME	ADDRESS				
1.	CHAIRPERSON	Nar Rah	Prosperity Lane, Sunrise Subd., Molino XX, Bacoor City, Cavite				
2.	1ST VICE-CHAIRPERSON	Kala Chuchi	Prosperity Lane, Sunrise Subd., Molino XX, Bacoor City, Cavite				
3.	2ND VICE-CHAIRPERSON	Maho Gany	Prosperity Lane, Sunrise Subd., Molino XX, Bacoor City, Cavite				
4.	3RD VICE-CHAIRPERSON	Kama Gong	Prosperity Lane, Sunrise Subd., Molino XX, Bacoor City, Cavite				
R3. Information on Cooperative Branches/Satellites	No. of Branches:					2	
	No. of Satellites:					1	
R4. Details of Cooperative Branches	Address of Branch Office		No. of Members		CA Number	Date of Issuance of Certificate of Authority	
			Male	Female			
	1. #123 Mahabang Daan, Molino Blvd., Bacoor City, Cavite		10	20	1234-56789	December 23, 2014	
	2. #23 Maikling Daan, Molino Blvd., Bacoor City, Cavite		5	2	1234-96967	December 28, 2014	
R5. Details of Cooperative Satellite	Address of Satellite Office		No. of Members		LA Number	Date of Issuance of Letter of Authority	
			Male	Female			
	1. Phase 5, No. 6, Aguinaldo Highway, Niog, Bacoor City, Cavite		7	9	1122-98563	February 14, 2014	
R6. Details of Laboratory Cooperative	Name and Address of Laboratory Cooperative	Type of Members	No. of Members	Male	Female	Recognition No. / Date Recognized	
	1. na	na	0	0	0	na / January 01, 0001	
R7. Financial Aspect of Laboratory Cooperative	Services of Laboratory Cooperative			Deposit Liabilities			
	1. na			0.00			
R8. Information on Savings Deposits	Type of Deposits	No. of Members with deposit accounts	No. of Accounts	Total Amount			
	1. Savings Deposits	11	22	3,345.63			
	2. Time Deposits	33	44	145,266.36			
	3. na	0	0	0.00			
	TOTAL	44	66	148,611.99			
S. Certificate of Good Standing(CGS)	REGULAR CGS						
	CGS NO.:	143445254	Date Issued:	January 02, 2014	Valid Until:	December 31, 2014	
	SPECIAL CGS						
	SPECIAL CGS NO.	DATE ISSUED	PURPOSE		VALID UNTIL		
	987654321	March 05, 2014	Special purpose number 01.		December 31, 2014		
T. Certificate of Tax Exemption/Ruling	CTE No.:		11223344				
	Date Issued:		January 23, 2014				
	Validity:		Three (3) years				
	TIN:		123-456-789-2				
U. Information on Deposit Liabilities	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
	1. Savings Deposits	11	22	32,145.52	33	44	25,689.63
	2. Time Deposits	55	66	254,263.36	77	88	256,325.25
	3. na	0	0	0.00	0	0	0.00
	TOTAL	66	88	286,408.88	110	132	282,014.88

	Common	Preferred	Total
1. Authorized Capital	5,000,000.00	0.00	5,000,000.00
2. Subscribed Capital	5,000,000.00	0.00	5,000,000.00
3. Paid-Up Capital	5,000,000.00	0.00	5,000,000.00
4. Deposit for Capitalization Subscription	1,000,000.00	0.00	1,000,000.00
5. Par Value per Share	1,000.00	0.00	1,000.00
6. Treasury Shares	500.00	0.00	500.00

	Total
Employees Salary	14,526,329.52
Honorarium	3,625,693.33
Interest on Share Capital	256,325.39
Other Taxes	0.00

	Amount utilized for the year	Accumulated Balance
General Reserve Fund	452,663.66	3,652,556.33
CETF		
CETF Local	326,563.33	3,565,653.33
Remitted to Federation/Union	656,646.33	656,563.66
Community Development Fund	454,512.22	54,542.22
Optional Fund	452.63	66,325.55

Prepared By:

Andylene Jezreel Arao

Position

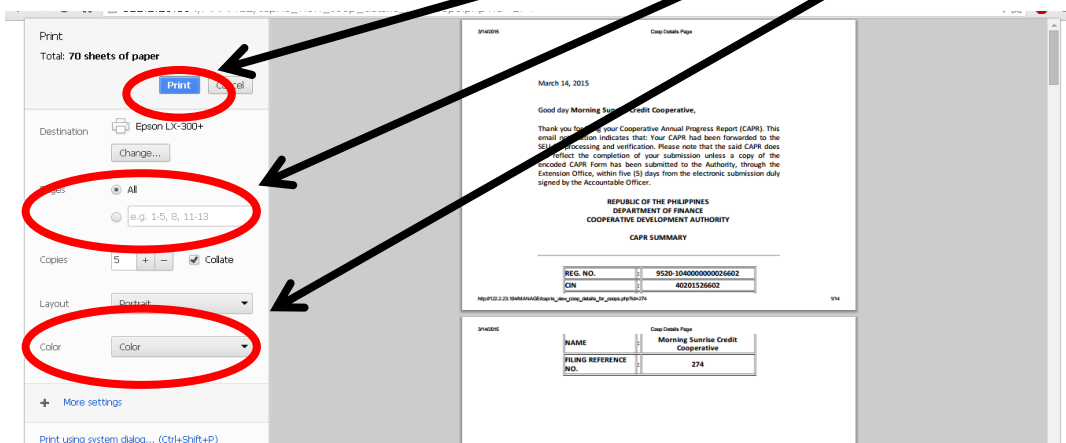
- Accountant
- Bookkeeper
- Compliance Officer

Certified True and Correct:

Janet Saez  
General Manager

Armando Alonzo Arao  
Chairperson

After pressing CTRL-P: choose the appropriate printer, number of copies, then click Print button.



**Step 6:** The printed CAPR form shall be submitted to the respective Extension Office where the cooperative was registered within ***five (5) days from the electronic submission*** duly signed by the Accountable Officer/s.

**--End of CAPR On-Line Submission Process--**