



2026 Global Panorama questionnaire

Questionnaire on financial inclusion and postal financial services

Please complete this questionnaire and return it **by 31 May 2026** to pfs.panorama@upu.int and to Mr Alexandre Rodrigues (rodrigues@upu.int) and Mr Gregor Teodorescu (teodorescug@upu.int).

There are 61 questions in this survey. We recommend that you collect the background information using this template before starting the survey.

Please provide the contact details of the person completing the questionnaire:

Which country are you operating in? Click or tap here to enter text.	
Full legal name of designated operator/organization/financial institution Click or tap here to enter text.	
Full name of person filling in this questionnaire Click or tap here to enter text.	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
Position/title/department Click or tap here to enter text.	
Tel. Click or tap here to enter text.	E-mail Click or tap here to enter text.
Date Click or tap to enter a date.	

If your organization does not provide postal financial services (payments, money transfers, savings, etc.), on its own behalf or in partnership with other financial institutions, please tick the relevant box below and return the form to us by e-mail.

Please **do not complete the survey** if either of the following cases applies to you:

- We are not allowed by national regulations/law to offer any postal financial services. This survey does not apply to us.
- We do not offer any postal financial services.

Definitions

Section 1: General and background information

1 General information

How many post offices (POs)/branches does your organization have? Click or tap here to enter text.

How many are functioning/operational? Click or tap here to enter text.

How many POs/branches are in rural areas? (Please use your organization's definition of rural areas when responding) Click or tap here to enter text.

How many POs/branches are connected to the Internet? Click or tap here to enter text.

How many POs/branches offer postal financial services? Click or tap here to enter text.

How many full-time staff does your organization have? Click or tap here to enter text.

How many full-time staff are dedicated to postal financial services? Click or tap here to enter text.

In addition to POs/branches, do you also have an agent network?

Yes

No

If yes:

– How many agent offices/locations do you have? Click or tap here to enter text.

– How many provide postal financial services? Click or tap here to enter text.

– How many agent offices/locations are in rural areas? (Please use your organization's definition of rural areas when responding) Click or tap here to enter text.

– How are they connected to your network of POs/branches?

• Real-time connection to core platform Click or tap here to enter text.

• Batch/manual reporting Click or tap here to enter text.

2 Please select all of the statements below that apply to your postal financial services entity:

BM 0 We rent out our POs/branch premises to other businesses to provide financial services

BM 1a We provide cash-in/cash-out services for domestic or international remittances on behalf of a provider (e.g. Western Union or MoneyGram)

BM 1b We provide cash-in/cash-out services for government payments (receiving pensions or salaries, or paying government fees)

BM 1c We collect bill payments in cash (utilities, education, etc.)

BM 1d We provide cash-in/cash-out services for insurance companies (collection of premiums, pay-out of insured amounts)

BM 1e We provide cash-in/cash-out services for mobile network operators (MNOs) or fintechs (registration, cash-in, cash-out, mobile wallet or airtime top-up)

BM 1f	We provide cash-in/cash-out services for microfinance institutions and banks (disbursement and repayment of loans, deposit and withdrawal from accounts, cash-in and cash-out of bank transfers)	<input type="checkbox"/>
BM 1g	We provide cash-on-delivery for e-commerce deliveries (e.g. for unbanked populations)	<input type="checkbox"/>
BM 2a	We have our own/postal brand proprietary domestic money transfer service	<input type="checkbox"/>
BM 2b	We have our own/postal brand proprietary international money transfer service	<input type="checkbox"/>
BM 2b1	We use the UPU-brand international money transfer service	<input type="checkbox"/>
BM 2c	We are in partnership with a telecom provider (MNO) or a fintech to offer a money transfer service	<input type="checkbox"/>
BM 2d	We have our own subsidiary to offer international remittances	<input type="checkbox"/>
BM 3a	We offer insurance services in partnership with an insurance company	<input type="checkbox"/>
BM 3b	We offer financial services in partnership with a telecom provider (MNO) or a fintech	<input type="checkbox"/>
BM 3c	We offer account-based services, loans and/or insurance in partnership with a bank	<input type="checkbox"/>
BM 4a	We have our own postal giro centre and/or savings bank	<input type="checkbox"/>
BM 4b	We offer our own unlicensed postal insurance	<input type="checkbox"/>
BM 5a	We have a microfinance institution licence (possibly through a subsidiary)	<input type="checkbox"/>
BM 5b	We have a limited postal bank licence	<input type="checkbox"/>
BM 5c	We have a universal postal bank licence	<input type="checkbox"/>
BM 5d	We have our own licensed postal insurance	<input type="checkbox"/>

Section 2: Legal and regulatory information

3 What is the legal status of the entity providing postal financial services? (Please tick all that apply; multiple answers possible)

Department of the Post

Subsidiary of the Post

Postal bank with special licence

Postal bank with banking licence

Other (please specify):

[Click or tap here to enter text.](#)

4 Please indicate the owner(s) of the postal financial services entity:

State

Private institution

Other

[Click or tap here to enter text.%](#)

[Click or tap here to enter text.%](#)

[Click or tap here to enter text.%](#)

- 5 Are the financial services that you provide regulated? (Please tick all that apply; multiple answers possible)
- No
- Yes, by the Ministry of Information/Communications/Post
- Yes, by the postal/communications regulator
- Yes, by the Central Bank
- Yes, by the Ministry of Finance
- Other
- 6 Are you allowed by law/local regulations to act as an agent for a financial service provider?
- Yes
- No
- 7 Does your postal financial entity have access to the national payment and settlement systems? (Please tick all that apply; multiple answers possible)
- No
- | | <i>Direct
participant</i> | <i>Indirect
participant</i> |
|--|-------------------------------|---------------------------------|
| Yes, to the real-time gross settlement (RTGS) system | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, to an automated clearing house | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, to instant payment/fast payment platforms | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes, to a national card switch system | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify): | | <input type="checkbox"/> |
- [Click or tap here to enter text.](#)

Section 3: Postal financial services details

- 8 Which of the following postal financial services do you offer? (Please tick all that apply; multiple answers possible)
- | | <i>On your
own</i> | <i>In partnership
with another
provider</i> | <i>As an agent
(distributor only)</i> |
|--|--------------------------|---|---|
| Bill collection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checking/current accounts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Credit card | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Debit/ATM card | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Government-to-person payments (national pension, civil servant salaries, payment of subsidies, social safety net payments, payment of disability benefits, direct cash transfer to the poor, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile credit/airtime top-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile wallet top-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remittances/money transfer (domestic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remittances/money transfer (international)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escrow payment services (domestic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escrow payment services (international)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9 If you provide any of the above services in partnership, please indicate the types of institution with which you are in partnership. (Please tick all that apply; multiple answers possible – if this question is not applicable to your organization, please leave it blank)

Agricultural bank	<input type="checkbox"/>
Commercial bank	<input type="checkbox"/>
Cooperative bank	<input type="checkbox"/>
Credit card company (for example Visa, Mastercard or American Express)	<input type="checkbox"/>
Fintech company (a financial technology company, for example PayPal or bibimoney)	<input type="checkbox"/>
Government agency or ministry	<input type="checkbox"/>
Insurance company	<input type="checkbox"/>
Microfinance NGO/bank	<input type="checkbox"/>
Mobile phone/telecommunications operator	<input type="checkbox"/>
Money transfer operator	<input type="checkbox"/>
Private sector financing institution/non-bank financial institution (e.g. a leasing company)	<input type="checkbox"/>
Other (please specify):	

[Click or tap here to enter text.](#)

10 What are your business models for the partnership(s)? (Please tick all that apply; multiple answers possible)

Fee per transaction	<input type="checkbox"/>
Fixed fee	<input type="checkbox"/>
Percentage	<input type="checkbox"/>
Tiered scheme	<input type="checkbox"/>
Annual fee	<input type="checkbox"/>
Other (please specify):	

[Click or tap here to enter text.](#)

- 11 Do you offer financial products specifically designed for any of the following groups? (Please tick all that apply; multiple answers possible)

Differently abled/disabled population	<input type="checkbox"/>
Migrants	<input type="checkbox"/>
Retirees/pensioners/elderly	<input type="checkbox"/>
Farmers	<input type="checkbox"/>
Small and medium enterprises (SMEs)/small businesses	<input type="checkbox"/>
Students	<input type="checkbox"/>
Women	<input type="checkbox"/>
Youth	<input type="checkbox"/>
Low-income households	<input type="checkbox"/>
Government/social programme beneficiaries	<input type="checkbox"/>

- 12 How many remittances/money orders do you send/pay per year? (Latest fiscal year available. For electronic money orders, please include postal money orders and money transfer operations conducted on behalf of partners – money transfer providers, mobile operators, etc.)

	<i>Number of transactions</i>	<i>Total value (please indicate currency)</i>
Domestic paper money orders sent	Click or tap here to enter text.	Click or tap here to enter text.
Domestic paper money orders paid	Click or tap here to enter text.	Click or tap here to enter text.
International paper money orders sent	Click or tap here to enter text.	Click or tap here to enter text.
International paper money orders paid	Click or tap here to enter text.	Click or tap here to enter text.
Domestic electronic money orders sent	Click or tap here to enter text.	Click or tap here to enter text.
Domestic electronic money orders paid	Click or tap here to enter text.	Click or tap here to enter text.
International electronic money orders sent	Click or tap here to enter text.	Click or tap here to enter text.
International electronic money orders paid	Click or tap here to enter text.	Click or tap here to enter text.
This data is for the year	Click or tap here to enter text.	

- 13 Do you provide any of the following financial services via mobile phone?

Service may be via an app, website or SMS (multiple answers possible; please leave blank if you do not offer mobile-based services)

	<i>On your own</i>	<i>In partnership with another provider</i>
Viewing basic account balance (current or savings)	<input type="checkbox"/>	<input type="checkbox"/>
Buying insurance	<input type="checkbox"/>	<input type="checkbox"/>
Applying for and receiving loans	<input type="checkbox"/>	<input type="checkbox"/>

	<i>On your own</i>	<i>In partnership with another provider</i>
Ordering domestic money transfer	<input type="checkbox"/>	<input type="checkbox"/>
Ordering international money transfer	<input type="checkbox"/>	<input type="checkbox"/>
Paying bills	<input type="checkbox"/>	<input type="checkbox"/>
Not yet, but we would like to provide one or more such services within the next year	<input type="checkbox"/>	<input type="checkbox"/>

14 Do you provide financial services through your own website?

(Multiple answers possible; please leave blank if you do not offer any such services)

	<i>On your own</i>	<i>In partnership with another provider</i>
Viewing basic account balance (current or savings)	<input type="checkbox"/>	<input type="checkbox"/>
Buying insurance	<input type="checkbox"/>	<input type="checkbox"/>
Applying for and receiving loans	<input type="checkbox"/>	<input type="checkbox"/>
Ordering domestic money transfer	<input type="checkbox"/>	<input type="checkbox"/>
Ordering international money transfer	<input type="checkbox"/>	<input type="checkbox"/>
Paying bills	<input type="checkbox"/>	<input type="checkbox"/>
Not yet, but we would like to provide one or more such services within the next year	<input type="checkbox"/>	<input type="checkbox"/>

15 Do you provide financial services through staff equipped with portable point-of-sale devices (mobile POS)?

(Multiple answers possible; please leave blank if you do not offer any such services)

	<i>On your own</i>	<i>In partnership with another provider</i>
Viewing basic account balance (current or savings)	<input type="checkbox"/>	<input type="checkbox"/>
Buying insurance	<input type="checkbox"/>	<input type="checkbox"/>
Applying for and receiving loans	<input type="checkbox"/>	<input type="checkbox"/>
Ordering domestic money transfer	<input type="checkbox"/>	<input type="checkbox"/>
Ordering international money transfer	<input type="checkbox"/>	<input type="checkbox"/>
Paying bills	<input type="checkbox"/>	<input type="checkbox"/>
Not yet, but we would like to provide one or more such services within the next year	<input type="checkbox"/>	<input type="checkbox"/>

- 16 Do you provide financial services through kiosks? (*Multiple answers possible; please leave blank if you do not offer any such services*)

	<i>On your own</i>	<i>In partnership with another provider</i>
Viewing basic account balance (current or savings)	<input type="checkbox"/>	<input type="checkbox"/>
Buying insurance	<input type="checkbox"/>	<input type="checkbox"/>
Applying for and receiving loans	<input type="checkbox"/>	<input type="checkbox"/>
Ordering domestic money transfer	<input type="checkbox"/>	<input type="checkbox"/>
Ordering international money transfer	<input type="checkbox"/>	<input type="checkbox"/>
Paying bills	<input type="checkbox"/>	<input type="checkbox"/>
Not yet, but we would like to provide one or more such services within the next year	<input type="checkbox"/>	<input type="checkbox"/>

- 17 In the next 12–18 months, what types of product or solution **are you planning** to roll out for your customers? (*Multiple answers possible; please leave blank if you are not planning any such services*)

	<i>Model</i>		<i>Implementation stage</i>	
	<i>On your own</i>	<i>In partnership with another provider</i>	<i>Committed/ in implementation</i>	<i>Under consideration/ subject to internal approvals/ regulatory changes</i>
Bill collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checking/current accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debit/ATM card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government-to-person payments (national pension, civil servant salaries, payment of subsidies, social safety net payments, payment of disability benefits, direct cash transfer to the poor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile credit/airtime top-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile wallet top-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remittances/money transfer (domestic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remittances/money transfer (international)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryptocurrency-based solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Model		Implementation stage	
	On your own	In partnership with another provider	Committed/ in implementation	Under consideration/ subject to internal approvals/ regulatory changes
Digital currency accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postal mobile wallet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escrow services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Click or tap here to enter text.

Section 4

Please complete this section if your organization provides one/both of the following specialized postal financial services: postal microfinance and/or microinsurance. *(If this section is not applicable to your organization, proceed to section 5.)*

Section 4A: Microfinance

Microlending: Provision of small or short-term loans to low-income individuals (micro, small and medium enterprises (MSMEs), women, farmers or other underserved populations) who lack access to traditional financial banking systems.

		Yes	No
18	Do you currently offer microcredit/microfinance products through the postal network? <i>(If no, proceed to section 4B)</i>	<input type="checkbox"/>	<input type="checkbox"/>
19	What is the designated operator's role in microcredit/microfinance? (Multiple answers possible; please leave blank if you do not offer microcredit/microfinance)		
	Lender (holds licence)	<input type="checkbox"/>	<input type="checkbox"/>
	Agent/distributor for a licensed lender (bank/microfinance institution/other)	<input type="checkbox"/>	<input type="checkbox"/>
	Alternative arrangement (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.			
20	Please indicate your main microcredit/microfinance partner(s), if any. (Multiple answers possible)		
	Bank/financial institution	<input type="checkbox"/>	<input type="checkbox"/>
	Microfinance institution	<input type="checkbox"/>	<input type="checkbox"/>
	Fintech	<input type="checkbox"/>	<input type="checkbox"/>
	Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

Click or tap here to enter text.

Yes No

21 If your organization holds a partnership with a microlender, please specify the types of service you offer. (Multiple answers possible)

Application and document collection

Yes No

Application processing

Yes No

Credit evaluation assessments

Yes No

Credit decisioning

Yes No

Loan disbursements

Yes No

Payment collection

Yes No

22 What types of loan does your organization provide? (Multiple answers possible)

Personal emergency loans

Yes No

Group lending

Yes No

Self-help groups

Yes No

Agriculture loans

Yes No

Asset-based loans

Yes No

23 How many lending applications does your organization receive per month?

[Click or tap here to enter text.](#)

24 Are the loan interest rates offered consistent with or lower than market rates?

Consistent with market rates

Yes No

Lower than market rates

Yes No

25 How are loans originated/processed? (Multiple answers possible)

In POs (staff-assisted)

Yes No

Via postal agents

Yes No

Online (digital self-service via app/web/USSD)

Yes No

Mixed model (branch and digital)

Yes No

Other (please specify):

[Click or tap here to enter text.](#)

26 Please indicate the main disbursement channel(s). (Multiple answers possible)

Cash at PO

Yes No

Cash via agents

Yes No

Account transfer

Yes No

Yes No

Mobile money/wallet

Card

Other (please specify):

[Click or tap here to enter text.](#)

27 Please indicate the main repayment channel(s). (Multiple answers possible)

Cash at PO

Cash via agents

Account transfer

Mobile money/wallet

Card

Other (please specify):

[Click or tap here to enter text.](#)

28 Please provide the following inclusion metrics (latest/most recent financial year available).

	<i>Not tracked</i>	<25%	25–49%	50–74%	≥75%
Proportion of rural borrowers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proportion of women borrowers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proportion of MSME borrowers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proportion of youth borrowers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29 What are the most significant constraints to expanding microcredit/microfinance? (Select up to three)

Licensing/regulatory restrictions

Know-your-customer/ID barriers for customers

Limited interest among partners

Cost of service delivery (cash handling, staffing, connectivity)

Credit risk/portfolio quality concerns

Limited access to funding/wholesale finance

IT platform limitations/lack of integration

Consumer demand

Low financial literacy

Other (please specify):

[Click or tap here to enter text.](#)

Yes No

- | | | Yes | No |
|----|--|--------------------------|--------------------------|
| 30 | Does your organization offer microfinance customer education and/or microlending literacy training? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | Is microfinance one of the products for which your organization is interested in expanding customer solutions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 | Do the microfinance solutions you offer support national/government financial inclusion goals? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 4B: Inclusive insurance/microinsurance

Microinsurance: Provision of insurance products and solutions to protect low-income individuals (MSMEs, women, farmers or other underserved populations) against life crises/shocks (e.g. crop failure, health, natural disasters) in exchange for small, regular insurance payments.

- | | | | |
|----|---|--------------------------|--------------------------|
| 33 | Do you currently offer inclusive insurance/microinsurance through the postal network? | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|--------------------------|--------------------------|

(If no, proceed to section 5)

- | | | | |
|----|---|--|--|
| 34 | What is the Post's role in inclusive insurance/microinsurance? (Multiple answers possible; please leave blank if your organization does not offer microinsurance) | | |
|----|---|--|--|

Licensed insurer

Partner of a licensed insurer

Agent/distributor for a licensed insurance provider

Other (please specify):

[Click or tap here to enter text.](#)

- | | | | |
|----|--|--|--|
| 35 | Please indicate the types of insurance service provider with which you are in partnership. (Multiple answers possible) | | |
|----|--|--|--|

Insurance organization

Broker of an insurance organization

Bank/financial institution

Fintech

Government scheme

Other (please specify):

[Click or tap here to enter text.](#)

- | | | | |
|----|--|--|--|
| 36 | What are the Post's main functions in this area? (Multiple answers possible) | | |
|----|--|--|--|

Marketing/sales

Customer onboarding

Collection of premiums

Yes No

Policy servicing

Claims intake/support

Other (please specify):

[Click or tap here to enter text.](#)

37 If your organization is in partnership with an insurance provider, please specify the types of service you offer. (Multiple answers possible)

Application and document collection

Application processing

Insurance policy issuance

Customer training

Insurance payment collection

38 What types of insurance does your organization provide? (Multiple answers possible)

Home

Health

Funeral

Unemployment

Emergency/disaster

Life

Crop/agricultural

Other (please specify):

[Click or tap here to enter text.](#)

39 Please indicate the sales channel(s) used. (Multiple answers possible)

In POs (staff-assisted)

Via postal agents

Digital self-service (app/web/USSD)

Mixed model

Other (please specify):

[Click or tap here to enter text.](#)

40 Please indicate the premium payment channel(s). (Multiple answers possible)

Cash at PO

Cash via agents

Yes No

Account transfer Mobile money/wallet Card

Other (please specify):

Click or tap here to enter text.

41 How many insurance applications does your organization receive per month?

Click or tap here to enter text.

42 Are the loan interest rates offered consistent with or lower than market rates?

Consistent with market rates Lower than market rates

43 Do you provide customer education (in-person materials, scripts, digital content, outreach) specifically for insurance?

If yes:

– In-branch materials – Staff training – Digital content – Community outreach

– Other (please specify):

Click or tap here to enter text.

44 Please provide the following inclusion metrics (latest financial year or most recent year available).

	<i>Not tracked</i>	<25%	25–49%	50–74%	≥75%
Proportion of women among insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proportion of rural population among insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proportion of MSMEs among insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proportion of youth among insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45 Please indicate the most significant constraints to expanding inclusive insurance/microinsurance? (Select up to three)

Licensing/regulatory restrictions Low awareness of/trust in insurance among customers Product design not suited to customer needs Claims experience/operational complexity

Yes No

Limited interest among partners

Cost of service delivery (cash handling, staffing, connectivity)

IT platform limitations/lack of integration

Other (please specify):

Click or tap here to enter text.

46 Is insurance one of products for which your organization is interested in expanding customer solutions?

47 What percentage of your customers are considered to be underserved or marginalized/on the poverty line?

Click or tap here to enter text. %

48 Do the insurance solutions offered support national/government financial inclusion goals?

Section 5: Outreach and revenue

49 Please answer the following questions about your postal financial institution (enter "0" if you do not offer any such services).

How many account holders does your institution have? Click or tap here to enter text.

How many active accounts does your institution have? Click or tap here to enter text.

How many of your total account holders (active and inactive) are women? Click or tap here to enter text.

How many savings accounts does your institution have? Click or tap here to enter text.

How many current accounts does your institution have? Click or tap here to enter text.

What is your gross annual revenue (in local currency) from financial services? Click or tap here to enter text.

What percentage of the Post's gross revenue comes from financial services? Click or tap here to enter text. %

How many ATMs does your organization have? Click or tap here to enter text.

How many point-of-sale (POS) devices does your organization have? Click or tap here to enter text.

How many POs/branches are equipped with POS devices? Click or tap here to enter text.

How many agent offices/locations are equipped with POS devices? Click or tap here to enter text.

The above data is as of this date (please provide data for your last fiscal year) Click or tap to enter a date.

50 Please rank the top three categories below in order of revenue earned from financial services.

(Please rank the top three categories of service as 1, 2 or 3) Rank

Bill collection Click or tap here to enter text.

(Please rank the top three categories of service as 1, 2 or 3)

	Rank
Checking/current accounts	Click or tap here to enter text.
Credit cards	Click or tap here to enter text.
Debit/ATM cards	Click or tap here to enter text.
Government-to-person payments (national pension, civil servant salaries, payment of subsidies, social safety net payments, payment of disability benefits, direct cash transfer to the poor, etc.)	Click or tap here to enter text.
Insurance	Click or tap here to enter text.
Microinsurance	Click or tap here to enter text.
Loans	Click or tap here to enter text.
Microfinance	Click or tap here to enter text.
Mobile credit/airtime top-up	Click or tap here to enter text.
Mobile wallet top-up	Click or tap here to enter text.
Remittances (domestic)	Click or tap here to enter text.
Remittances (international)	Click or tap here to enter text.
Savings account	Click or tap here to enter text.

Section 6: Human capital development and back-office automation

- 51 What percentage of your staff are computer literate (i.e. have at least basic knowledge of Microsoft Word, Excel and any management software used in your organization)? Click or tap here to enter text.%
- 52 Do you have an anti-money laundering/combatting the financing of terrorism (AML/CFT) compliance programme?
- Yes
- No
- 53 Do you have a special training programme for postal financial services?
- Yes
- No
- 54 If so, how often do you train your staff in postal financial services?
- | | | | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Once, after recruitment</i> | <i>Monthly</i> | <i>Every six months</i> | <i>Once a year</i> | <i>Every two years</i> | <i>Other</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 55 How would you best describe the back-office function for all your postal operations?
- | | | |
|--------------------------|--|--------------------------|
| <i>Fully manual</i> | <i>Semi-automated/some computerization</i> | <i>Fully automated</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 56 Do you have a management information system for postal financial services?
- Yes
- No
- 57 Do you have a financial/accounting system dedicated to postal financial services?
- Yes
- No
- 58 Do you have an automated cash management system to monitor cash availability in the network?
- Yes
- No
- 59 Are your escrow services integrated with the postal tracking systems to automatically trigger the release of funds upon proof of delivery?
- Yes
- No

Section 7: Perceived financial services environment at national level

- 60 What are the main regulatory, financial and market barriers that block your organization from growing, developing or diversifying your financial services portfolio?
- Regulatory (please specify):
Click or tap here to enter text.
- Financial (please specify):
Click or tap here to enter text.
- Market (please specify):
Click or tap here to enter text.
- 61 Please list three major enablers (regulatory, financial or market-driven) that would consistently help your organization grow, develop or diversify your financial services portfolio.
- Click or tap here to enter text.

Thank you!

- Please submit one response per organization.
- Please e-mail a completed copy of this document to pfs.panorama@upu.int and to Mr Alexandre Rodrigues (rodriguesa@upu.int) and Mr Gregor Teodorescu (teodorescug@upu.int).