

**CONFIDENTIAL**

TO BE COMPLETED AND RETURNED TO THE CENTRAL STATISTICAL OFFICE, NATIONAL STATISTICS BUILDING,  
80 INDEPENDENCE SQUARE, P.O. BOX 98, PORT-OF-SPAIN.



Serial No.

Industry No.

**REPUBLIC OF TRINIDAD AND TOBAGO  
MINISTRY OF PLANNING, HOUSING & ENVIRONMENT  
CENTRAL STATISTICAL OFFICE  
BUSINESS SURVEYS SECTION  
SURVEY OF ESTABLISHMENTS 200....  
GENERAL SHORT FORM**

Date due for submission to C.S.O. ....

**This survey is conducted in accordance with the Statistics Act, Chapter 19:02 of the Revised Laws of the Republic Trinidad & Tobago (1981). For enquiries, please Phone 623-4493 exts. 4414-23, Email: annecia.ellies@statistics.gov.tt or Fax 625-3802. Information on this survey and Instructions for the completion of this form can also be accessed from our website: www.cso.gov.tt**

SECTION 1 - CHARACTERISTICS OF ESTABLISHMENT		FOR OFFICE USE ONLY								
1.1 Name of Establishment .....		TTSIC <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 22-25								
1.2 Address .....		EMPLOYMENT YEAR <input type="text"/> <input type="text"/> 26-27								
Phone Number .....	Fax .....									
Email .....	Website .....	EMPLOYMENT FIGURE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 28-31								
1.3 Activity of Establishment ( <i>List in order of importance</i> )		E.D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 32-36								
(1) .....										
(2) .....										
(3) .....										
1.4* Reference period for data supplied .....		YEAR BEGAN OPERATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 37-40								
(see below)										
1.5 Year began operation .....		YEAR OF DATA <input type="text"/> <input type="text"/> 41-42								
1.6 Type of Ownership ( <i>Please Tick one</i> )		COUNTY/WARD <input type="text"/> <input type="text"/> 43-44								
<input type="radio"/> Sole Proprietorship	<input type="radio"/> Government									
<input type="radio"/> Partnership	<input type="radio"/> Co-operative									
<input type="radio"/> Private Limited Company	<input type="radio"/> Non-Profit Institution									
<input type="radio"/> Public Limited Company	<input type="radio"/> Other ( <i>Specify</i> ) .....	LEGAL CODE <input type="text"/> 45								
1.7 Ownership of Equity	<table border="1"> <thead> <tr> <th align="center">% Foreign</th> <th align="center">Country</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	% Foreign	Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	OWNERSHIP CODE <input type="text"/> <input type="text"/> <input type="text"/> COMMUNITY CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> REGIONAL CORPORATION CODE <input type="text"/> <input type="text"/>
% Foreign	Country									
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
<b>SECTION 2 - EMPLOYMENT</b>										
2.1 State number employed at the end of each of the following periods										
<input type="text"/> May	<input type="text"/> November									
<p><b>*Reference period is normally the firm's financial year. E.g. March 1st 2006 to February 28th 2007</b> In order for data submitted to be classified as survey data, the period to which it pertains should be either of the following:-</p> <p>(1) the calendar year under survey e.g. January to December;</p> <p>(2) any 12-month period in which at least six (6) of those months fell within the year being surveyed.</p>		<input type="text"/> Type of Form								

Figures should be rounded to the nearest \$TT

SECTION 3 - CURRENT EXPENDITURE			
	For Office Use Only	Total	
		\$T.T.	
3.1 Total labour payments . . . . .	03001	###	#
3.2 Total cost of raw materials purchased . . . . .	03010	#	
3.3 Purchase of goods for resale in same condition . . . . .	03026		
3.4 Cost of fuel . . . . .	03051		
3.5 Cost of electricity . . . . .	03053		
3.6 Depreciation . . . . .	07026		
3.7 All other current expenses . . . . .	03132		
<b>3.0 TOTAL CURRENT EXPENDITURE.</b> . . . . .	<b>03000</b>		
SECTION 4 - RECEIPTS			
	For Office Use Only	Total	
		\$T.T.	
4.1 Receipts from services provided, or from sale of goods purchased/assembled by this establishment . . . . .	04001		
4.2 Receipts from sale of goods purchased for resale . . . . .	04033		
4.3 All other receipts ( <b>Please specify</b> ) . . . . .	04024		
<b>4.0 TOTAL RECEIPTS</b> . . . . .	<b>04000</b>		
SECTION 5 - STOCKS			
	For Office Use Only	As at the beginning of	As at the end of
		200....	200....
<b>5.0 TOTAL STOCKS</b> . . . . .	<b>05000</b>		
SECTION 6 - CAPITAL EXPENDITURE			
Amounts spent during the reference period, on the following fixed assets:	For Office Use Only	New assets	Alterations, renovations, improvements
6.1 Buildings (New buildings, renovations, extensions) . . . . .	06002		
6.2 Motor vehicles . . . . .	06018		
6.3 Plant, machinery and equipment . . . . .	06017		
6.4 Furniture and office equipment . . . . .	06020		
6.5 All other capital expenditure. . . . .	06019		
<b>6.0 TOTAL CAPITAL EXPENDITURE</b> . . . . .	<b>06000</b>		

Signature of Person completing Form: \_\_\_\_\_ Position: \_\_\_\_\_

Name (**Block Letters**): \_\_\_\_\_ Date Completed: \_\_\_\_\_

Remarks from FIRM: \_\_\_\_\_

Signature of CSO Field Officer: \_\_\_\_\_ CSO Editor: \_\_\_\_\_

**DO NOT WRITE BELOW LINE - FOR CSO OFFICE USE ONLY**

Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_ Date: \_\_\_\_\_

Query: \_\_\_\_\_

Response: \_\_\_\_\_