

**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.....  
TRANSPORT 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 of Trinidad & Tobago (1981). For enquiries, please Phone 623-4493 exts. 4414-23, Email: [annecia.ellies@statistics.gov.tt](mailto: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](http://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	Type of Ownership ( <i>Please Tick one</i> )			YEAR BEGAN OPERATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 37 - 40	
	<input type="radio"/> Sole Proprietorship				
	<input type="radio"/> Partnership				
	<input type="radio"/> Private Limited Company			YEAR OF DATA <input type="text"/> <input type="text"/> 41 - 42	
	<input type="radio"/> Public Limited Company				
	<input type="radio"/> Government				
	<input type="radio"/> Co-operative				
	<input type="radio"/> Non-Profit Institution				
	<input type="radio"/> Other ( <i>Specify</i> ):	.....			
1.5*	Reference period for data supplied	.....		COUNTRY/WARD <input type="text"/> <input type="text"/> 43 - 44	
	(see below)				
1.6	Number of vehicles in operation	.....		LEGAL CODE <input type="text"/> 45	
1.7	Year began operation	.....		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"/>	
1.8	Ownership of Equity	<input type="text"/>	% National	<input type="text"/>	REGIONAL CORPORATION CODE <input type="text"/> <input type="text"/>
				% Foreign	
				Country	
SECTION 2 - EMPLOYMENT					
2.1	State number employed at the end of each of the following periods.				
	<input type="text"/>	May	<input type="text"/>	November	
*Reference period is normally the firm's financial year. E.g. March 1st 2006 to February 28th 2007				Type of Form <input type="text"/>	
In order for data submitted to be classified as survey year data, the period to which it pertains should be either of the following					
(1) the calendar year under survey e.g. January to December;					
(2) any 12-month period in which at least six (6) of those months fell within the year being surveyed.					

SECTION 3 - CURRENT EXPENDITURE			
	For Office Use Only	Total	
		\$T.T.	
3.1 Total labour payments . . . . .	03001		
3.2 Cost of fuel . . . . .	03051		
3.3 Cost of electricity . . . . .	03053		
3.4 Depreciation . . . . .	07026		
3.5 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 . . . . .	04001		
4.2 All other receipts ( <i>Please specify</i> ) . . . . .	04024		
<b>4.0 TOTAL RECEIPTS . . . . .</b>	<b>04000</b>		
SECTION 5 - STOCKS			
	For Office Use Only	200...	As at the end of 200...
<b>5.0 TOTAL STOCKS . . . . .</b>	<b>05000</b>		
SECTION 6 - CAPITAL EXPENDITURE			
Amount 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: \_\_\_\_\_