

CONFIDENTIAL

TO BE COMPLETED AND RETURNED TO THE CENTRAL STATISTICAL OFFICE, 30 PARK STREET, POS (NEXT TO TTEC)
 MAILING ADDRESS: CENTRAL STATISTICAL OFFICE, BUSINESS SURVEY SECTION, PO BAG 98 POS



Serial No.

Industry No.

**REPUBLIC OF TRINIDAD AND TOBAGO
 MINISTRY OF PLANNING & SUSTAINABLE DEVELOPMENT
 CENTRAL STATISTICAL OFFICE
 BUSINESS SURVEYS SECTION
 SURVEY OF ESTABLISHMENTS 201....
 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 of Trinidad & Tobago (1981). For enquiries, please Phone 627-3183, 623-7044 OR 625-3891. Information on this survey and Instructions for the completion of this form can also be accessed from our website: www.cso.planning.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"/> <input type="text"/> <input type="text"/> 32-36								
(1)										
(2)										
(3)										
1.4* Reference period for data supplied <i>E.g. 1st January - 31st December 2013 / 1st April 2012 - 31st March 2013 (financial year for firm)</i>		YEAR BEGAN OPERATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 37-40								
1.5 Year began operation										
1.6 Type of Ownership (<i>Please Tick one</i>)		YEAR OF DATA <input type="text"/> <input type="text"/> 41-42								
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Government									
<input type="checkbox"/> Partnership	<input type="checkbox"/> Co-operative									
<input type="checkbox"/> Private Limited Company	<input type="checkbox"/> Non-Profit Institution	COUNTY/WARD <input type="text"/> <input type="text"/> 43-44								
<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Other (<i>Specify</i>)									
1.7 Ownership of Equity <input type="text"/> % National	<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"/>	LEGAL CODE <input type="text"/> 45
% Foreign	Country									
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
SECTION 2 - EMPLOYMENT		OWNERSHIP CODE <input type="text"/> <input type="text"/> <input type="text"/>								
2.1 State number employed at the end of each of the following periods		COMMUNITY CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
<input type="text"/> May	<input type="text"/> November	REGIONAL CORPORATION CODE <input type="text"/> <input type="text"/>								
*Reference period is normally the firm's financial year. E.g. March 1st 2013 to February 28th 2014 In order for data submitted to be classified as survey data, the period to which it pertains should be either of the following:-		<input type="text"/>								
(1) the calendar year under survey e.g. January to December;		Type of Form								
(2) any 12-month period in which at least six (6) of those months fell within the year being surveyed.										

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Figures should be rounded to the nearest \$TT

PLEASE READ INSTRUCTIONS

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	
3.0 TOTAL CURRENT EXPENDITURE	03000	

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 (Please specify)	04024	
4.0 TOTAL RECEIPTS	04000	

SECTION 5 - STOCKS			
	For Office Use Only	As at the beginning of 201....	As at the end of 201....
		5.0 TOTAL STOCKS	05000

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		
6.0 TOTAL CAPITAL EXPENDITURE	06000		

Signature of Person completing Form: _____ Position: _____

Name (**Block Letters**): _____ Date Completed: _____

Name of External Accountant / Auditor (if any) _____ Contact No : _____

Information supplied from: Audited financial statement Unaudited financial accounts

Signature of CSO Field Officer: _____ CSO Editor: _____

DO NOT WRITE BELOW LINE - FOR CSO OFFICE USE ONLY

Manner Received _____ Questionnaire Completed by: _____

Contact Person: _____ Phone No: _____ Date: _____

Query: _____

Response: _____