



CONFIDENTIAL when completed
Collected under the authority of the
Statistics Act, Revised Statutes of
Canada, 1985, Chapter S19.

Si vous préférez un questionnaire en
Français, veuillez cocher

Reference Number:

PLEASE COMPLETE AND RETURN

What is the complete legal name of the company? _____

What is your legal address? _____

Incorporation date (year/month/day) _____ Fed () ___ Prov ()

- If you have a parent company, indicate the complete legal name:

Please list the complete legal name of any incorporated Canadian subsidiaries of your
company:

Did this legal company result from an amalgamation, merger, spin-off or split up?
If yes please provide the names of other legal companies involved and the date.

Please provide the following information, at the company level.

- a) Total Assets: \$
- b) Total Gross Revenue: \$
- c) Fiscal Year End:
- d) List all Business Number (BN) for each company, as assigned by CCRA

Does this company have financing from outside Canada? () yes () no

Does this company have investments outside Canada? () yes () no

For each of your operating locations, please provide the following, by completing the attached list of production/operating entities:

- a) Complete Location Address (please omit box numbers).
- b) Trade or Operating Name.
- c) Detailed description of operational activities (e.g. retail hardware store, manufacture of wooden furniture, etc.).
- d) Type of accounting unit :
 - i) profit center
 - ii) cost center
 - iii) revenue center
 - iv) cost recovery center
 - v) investment center
- e) Effective dates of opening/closing of any of your locations within the last 4 years.
- f) Number of employees at each location who are dedicated/hired specifically for the operations of each location.
- g) Are any of these locations grouped in divisions/ branches? If yes, please list each location under its appropriate division/branch.

Thank you for your cooperation.

Contact person: _____ tel no. _____

Canada