BITS FORM 1 (VERIFICATION FORM)

To Our Valued Respondent: Thank you for accomplishing the 2006 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

EIN: _____	**NAME OF ESTABLISHMENT:**_____
GEO: _____	**FLOOR/BLDG.:**_____
PSIC:_____	**NO./STREET/SUBDIVISION:**_____
ATE:_____	**BARANGAY/CITY/MUNICIPALITY:**_____
	ZIP CODE/PROVINCE:_____

PART	ITEM NO.	VERIFICATION DETAILS

Received by Supervisor:	**Verification Accepted by Reviewer:**
Signature:	Signature:
Date	Date