



Republic of the Philippines
NATIONAL STATISTICS OFFICE
Manila

2004 ESTABLISHMENT INQUIRY FORM

(Self-Administered Form)

FOR NSO USE ONLY		
GEOGRAPHIC BOX		
PROVINCE: _____		
CITY/MUNICIPALITY: _____		
BARANGAY: _____		
<div>PROV</div>	<div>CITY/MUN</div>	<div>BGY</div>
Transcribed in		
<input type="checkbox"/> ULE Form 1A & 1B <input type="checkbox"/> ULE Form 2		

The **2004 Establishment Inquiry** will provide a register of establishments containing information for the conduct of surveys, policies and program formulation, and monitoring of trade and industry development.

This inquiry is authorized by **COMMONWEALTH ACT 591** and all information collected is **CONFIDENTIAL** and cannot be used for purposes of taxation, investigation or regulation.

Please submit the **FORM DULY ACCOMPLISHED** to our office or to our authorized representative.

Thank you for your support and cooperation.


CARMELITA N. ERICTA
Administrator

Date Received : _____
Received by : _____
Due Date : _____
Please return to : _____

ITEM 1 Business Name

If the name of the establishment is the same as indicated above, write "SAME" in the space provided. Enter the name of the owner, whenever there is no business name.

ITEM 2 Registered Name

Enter name registered with the SEC. If the name of the establishment is the same as indicated in Item 1, write "SAME" in the space provided.

ITEM 3 Business Address

The address should refer to the physical location of the establishment.

House/Bldg. No.	Street Name	Bldg. Name	Floor No./Room. No.

Barangay	City/Municipality	Province	

ITEM 4 Economic Area (EcoArea)

4.1 Type of Economic Area

Check appropriate box corresponding to the economic area where the establishment is located.

- | | |
|---|---|
| <input type="checkbox"/> 1 Market | <input type="checkbox"/> 4 Economic Zone other than IT Park |
| <input type="checkbox"/> 2 Shopping Mall | <input type="checkbox"/> 5 Seaport |
| <input type="checkbox"/> 3 Information Technology (IT) Park | <input type="checkbox"/> 6 Airport |

4.2 Name of the Economic Area _____

ITEM 5 Contact Information of Establishment

5.1 Telephone No./s: _____ 5.3 E-mail Address: _____
5.2 Fax No./s: _____

ITEM 6 Legal Organization (LO)

Check appropriate box which best describes this establishment.

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 Single Proprietorship | <input type="checkbox"/> 3 Government Corporation | <input type="checkbox"/> 5 Cooperative |
| <input type="checkbox"/> 2 Partnership | <input type="checkbox"/> 4 Private Corporation | <input type="checkbox"/> 6 Others, specify: _____ |

ITEM 7 Economic Organization (EO)

Check appropriate box which best describes this establishment.

- ☐ 1 Single Establishment
(No branch nor Main Office)
- ☐ 2 Branch Only. Indicate name and address of main office in **ITEM 13**.
(Main Office is located elsewhere)
- ☐ 3 Establishment and Main Office
(Both located in the same address and with branch/es elsewhere.)
- ☐ 4 Main Office Only
- ☐ 5 Other Ancillary Unit. Indicate name and address of main office in **ITEM 13**.
(An economic unit that operates primarily or exclusively or a related establishment or group of establishments and produces goods or services that support but do not become part of the output of those establishments.)

ITEM 8 Main Economic Activity

Describe the kind of activity from which this establishment derive its major income or revenue. (Example: rural bank, law office, gasoline station, fishpond, rice mill, medical clinic, sari-sari store, etc.). For manufacturing and mining establishments, indicate also major products manufactured or produced. In wholesaling and retailing, specify the principal goods sold.

ITEM 9 Actual Total Employment (AcTE)

Indicate the total number of persons who work in or for this establishment as of this date.

This includes working owners, unpaid workers and all employees who work full-time or part-time. Included also are persons on short term leave such as those on sick/vacation or annual leaves and on strike.

AcTE

ITEM 10 Paid Employees (PE)

Indicate the total number of employees receiving regular pay from this establishment as of this date.

This includes full-time or part-time workers, employees on sick or maternity leave and on paid vacation or holiday, employees working away from this establishment and employees paid by and under control of this establishment and employees on strikes. This includes consultant, home-workers, working receiving commission only and workers on indefinite leave.

PE

ITEM 11 Year Started Operation (YSO)

This establishment started operation in _____(Year).

ITEM 12 Total Assets

Check appropriate box corresponding to total assets of this establishment as of December 31, 2003. Total assets reported should be **exclusive of land** on which the business, office, plant and equipment are situated.

- ☐ 1 P 3,000,000 and below
- ☐ 2 P 3,000,001 to P 15,000,000
- ☐ 3 P 15,000,001 to P 100,000,000
- ☐ 4 Above P 100,000,000

ITEM 13 Name and Address of Main Office

If box 2 or 5 is checked in **ITEM 7**, provide Name and Contact Address of main office.

13.1 Name of Main Office

13.2 Address of Main Office

House/Bldg. No.	Street Name	Bldg. Name	Floor No./Room. No.
Barangay	City/Municipality	Province	

CERTIFICATION

All information in this report are substantially accurate.

Signature over Printed Name: _____ Position/Designation: _____

Address: _____ Telephone No./s: _____

E-mail Address: _____ Fax No./s: _____