FORM 804-C				Page	INTERVIEWER # : of
		ORGANIZATIONA	L ENTITY	1 age _	01
PARENT OP # : P NAME:					
ORGANIZATIONAL NAME:	OP#:P				
CHANGE IN ATTRIE CREATION - DUE TO CREATION - NEW LIQUIDATION ACQUISITION		ORGANIZATION [	] - Date : ] - Date : [ ] - Date : [ ] - Date :		
NAME 1 :		GMD FIFT	N	NAME 2:	
CIT	Y :	STREET : PROV. :	POSTAL CO	DE :	$\langle \rangle \langle \rangle$
					<b>&gt;</b>
Actual Estimated					
Value Value			$\langle \langle \rangle \rangle$		
TOTAL REVENUE (S DEPRECIABLE ASSI TOTAL NUMBER OF	ETS (\$'000)	:		[]	
ARE DATA AVAILA	BLE AT THIS LE	VEL FOR:	>		
Operating Profit:	[ ] Yes				
Principal Inputs:	[ ] Yes	(1 )No			
Operating Revenue:	Inventories:	No [ ] Yes	[ ] No		
	Salaries and Wage	s: []Yes []	] No		
	,				
COMMENTS:					