

**IDENTIFICATION**

<p><b>1. Business Register Identifier:</b> _____</p> <p><b>Confirmation of legal name:</b> _____</p>	<p><b>Label:</b></p>
<p><b>2. Contact:</b></p> <p>Name: _____ Position: _____</p> <p>Phone #: _____</p> <p>Interviewer: _____ Date: _____</p>	

<p><b>3. Legal Type:</b></p> <p>Incorporated _____</p> <p>Incorporated Joint Venture _____</p> <p>Unincorporated Joint Venture _____</p> <p>Partnership _____</p> <p>Limited Partnership _____</p> <p>Sole Proprietorship _____</p>	<p>Incorporation Legislation Acts: _____</p> <p>Date of Incorporation: Year _____ Month _____</p> <p>Certificate Number: _____</p> <p>Names and BN of partners/venturers: _____</p>
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<p><b>4. Is this corporation the result of:</b></p> <p>An amalgamation No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, name of amalgamating companies:</p> <p>_____ BN _____</p> <p>_____ BN _____</p> <p>_____ BN _____</p>	<p>If yes, date of amalgamation: _____</p> <p>Address: _____</p> <p>Address: _____</p> <p>Address: _____</p>
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**RELATIONSHIPS** (attach separate sheet if needed)

<p><b>5. Legal Relationships:</b></p> <p>Is this legal entity owned &gt; 50.1% by another legal entity? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Does this legal entity own &gt; 50.1% any other legal entity? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>Name and BN of the parent entity: _____</p> <p>Name(s) and BN of the subsidiary(ies): _____</p>
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<p><b>6. Are consolidated financial statements produced?</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>If yes, for which legal entities and BN's:</p> <p>_____</p> <p>_____</p>
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<p><b>7.1 Does the company operate in more than one location:</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>_____</p> <p>_____</p>
<p>give address of Head office: _____</p>	

<p><b>7.2 Does the company have more than one activity</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>_____</p>
<p><i>If no for 7.1 and 7.2, then go to 7.3, if yes, then continue interview and go to 8</i></p>	
<p><b>7.3 The company will remain as a BN; please confirm:</b></p> <p>Activity: _____</p> <p>Number of employees: _____</p>	

<p><b>8. Does the company have financing from a foreign source?</b></p> <p>Does this company have investments in a foreign country?</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p>
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<p><b>9. Is this Legal entity a franchisor?</b> No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>_____</p>
<p>Is this legal entity a Franchisee? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	<p>Give name of franchisor: _____</p>

<p><b>Comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Business Entity**

<b>10. Sector Type:</b>		<b>11. Level of Government:</b>	
Private Sector	<input type="checkbox"/> go to 12	Federal	<input type="checkbox"/>
Government business enterprise	<input type="checkbox"/> go to 11	Provincial	<input type="checkbox"/>
Government	<input type="checkbox"/> end interview	Local	<input type="checkbox"/>

**Operations**

**12. Is this business set up with:**

Divisions	No <input type="checkbox"/> go to 13	Yes <input type="checkbox"/> are operating profits recorded in the accounting books at this level?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Departments	No <input type="checkbox"/> go to 13	Yes <input type="checkbox"/> are operating profits recorded in the accounting books at this level?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Districts	No <input type="checkbox"/> go to 13	Yes <input type="checkbox"/> are operating profits recorded in the accounting books at this level?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**Operating Divisions**

<p><b>Div. # 1</b> Name _____</p> <p>Address _____</p> <p>Street _____</p> <p>City _____</p> <p>Province _____ Postal Code _____</p> <p>Total Revenue (\$'000) _____</p> <p>Total Number of Employees _____</p>	<p><b>Div. # 2</b> Name _____</p> <p>Address _____</p> <p>Street _____</p> <p>City _____</p> <p>Province _____ Postal Code _____</p> <p>Total Revenue (\$'000) _____</p> <p>Total Number of Employees _____</p>
<p><b>Div. # 3</b> Name _____</p> <p>Address _____</p> <p>Street _____</p> <p>City _____</p> <p>Province _____ Postal Code _____</p> <p>Total Revenue (\$'000) _____</p> <p>Total Number of Employees _____</p>	<p><b>Div. # 4</b> Name _____</p> <p>Address _____</p> <p>Street _____</p> <p>City _____</p> <p>Province _____ Postal Code _____</p> <p>Total Revenue (\$'000) _____</p> <p>Total Number of Employees _____</p>
<p><b>Div. # 5</b> Name _____</p> <p>Address _____</p> <p>Street _____</p> <p>City _____</p> <p>Province _____ Postal Code _____</p> <p>Total Revenue (\$'000) _____</p> <p>Total Number of Employees _____</p>	<p><b>Div. # 6</b> Name _____</p> <p>Address _____</p> <p>Street _____</p> <p>City _____</p> <p>Province _____ Postal Code _____</p> <p>Total Revenue (\$'000) _____</p> <p>Total Number of Employees _____</p>

**13. OPERATING LOCATIONS**

Div# _____ (if applicable, please indicate which division this entity falls under by noting the division number)	
Operating Name: _____ Address: _____ Street _____ City _____ Prov. _____ Postal Code _____	Period of Operation: full year _____ occasional _____ Production status: active _____ future _____ Outlet number (if applicable): _____ If a concession, in what department store: _____
Total Assets (\$000) _____	Fiscal Period ending Year _____ Month _____
Was this operation purchased from another legal? No <input type="checkbox"/> Yes <input type="checkbox"/> Seller's name: _____ Phone number of former owner: _____ Date of purchase: Year _____ Month _____	Do you have accounting records measuring the ---- for that specific location? Direct Costs/Expenses No <input type="checkbox"/> Yes <input type="checkbox"/> Gross Revenue No <input type="checkbox"/> Yes <input type="checkbox"/>
Is transfer pricing used at this level? No <input type="checkbox"/> Yes <input type="checkbox"/>	Total Revenue (\$'000) _____ Total Number of Employees _____
<u>Activity description</u>	Type      SIC80      NAICS %
_____ _____ _____	
Div# _____ (if applicable, please indicate which division this entity falls under by noting the division number)	
Operating Name: _____ Address: _____ Street _____ City _____ Prov. _____ Postal Code _____	Period of Operation: full year _____ occasional _____ Production status: active _____ future _____ Outlet number (if applicable): _____ If a concession, in what department store: _____
Total Assets (\$000) _____	Fiscal Period ending Year _____ Month _____
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Is transfer pricing used at this level? No <input type="checkbox"/> Yes <input type="checkbox"/>	Total Revenue (\$'000) _____ Total Number of Employees _____
<u>Activity description</u>	Type      SIC80      NAICS %
_____ _____ _____	
Div# _____ (if applicable, please indicate which division this entity falls under by noting the division number)	
Operating Name: _____ Address: _____ Street _____ City _____ Prov. _____ Postal Code _____	Period of Operation: full year _____ occasional _____ Production status: active _____ future _____ Outlet number (if applicable): _____ If a concession, in what department store: _____
Total Assets (\$000) _____	Fiscal Period ending Year _____ Month _____
Was this operation purchased from another legal? No <input type="checkbox"/> Yes <input type="checkbox"/> Seller's name: _____ Phone number of former owner: _____ Date of purchase: Year _____ Month _____	Do you have accounting records measuring the ---- for that specific location? Direct Costs/Expenses No <input type="checkbox"/> Yes <input type="checkbox"/> Gross Revenue No <input type="checkbox"/> Yes <input type="checkbox"/>
Is transfer pricing used at this level? No <input type="checkbox"/> Yes <input type="checkbox"/>	Total Revenue (\$'000) _____ Total Number of Employees _____
<u>Activity description</u>	Type      SIC80      NAICS %
_____ _____ _____	