



Unified Enterprise Survey - Annual  
Annual Survey of Manufactures, 2002

**Leather and Allied Product Manufacturing**

**NAICS 316110-316990**

Collected under the authority of the *Statistics Act*,  
*Revised Statutes of Canada, 1985, Chapter S19.*

Completion of this questionnaire is a legal  
requirement under this Act.

This document is confidential when completed.

Si vous préférez recevoir ce questionnaire en  
français, veuillez nous téléphoner au numéro  
sans frais suivant : **1 888 881-3666.**

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Correct pre-printed information if necessary using the corresponding boxes below:



0001	Legal name	0004	Number and street		
0002	Business name	0005	City	0006	Province or State
0003	C/O	0053	Country	0007	Postal code/Zip code
0008	First name of contact	0028	Last name of contact		
0052	Please report for:	0010	Language preference 1 <input type="radio"/> English 2 <input type="radio"/> French		

**A - Introduction**

**Survey Purpose**

This survey collects the financial and operating data needed to produce statistics concerning your industry. For more information on survey purpose, please consult the enclosed "Guidelines and Instructions" booklet.

**Confidentiality**

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business. **The data reported on this questionnaire will be treated in strict confidence**, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the *Statistics Act* are not affected by either the *Access to Information Act* or any other legislation.

Please return the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at **1 888 883-7999**, within 30 days of receipt. For information about "Fax or Electronic Transmission Disclosure" please refer to the enclosed booklet "Guidelines and Instructions". Thank you.

**If you need further information or help, please call 1 888 881-3666.**

Name of the primary person completing this questionnaire:		0013	[Grid for name]				
0026	1 <input type="radio"/> Mr. 2 <input type="radio"/> Mrs. 3 <input type="radio"/> Miss 4 <input type="radio"/> Ms.	0054	[Grid for name]				
0014	Title:	0018	E-mail address:		0020	Web site address:	
0017	Telephone number: ( )	0027	Extension:	0016	Fax number: ( )	0015	Date completed: YYYY MM DD
Signature:						[Grid for date]	

I certify that the information contained herein is complete and correct to the best of my knowledge.

FORM CM 5-3600-192.1

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