



Unified Enterprise Survey - Annual
Annual Survey of Manufactures, 2002

Chemical Manufacturing

NAICS 325110-325999

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.

0251

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 | | | |
| 0026 | | 0054 | First name | | |
| 1 <input type="radio"/> Mr. 2 <input type="radio"/> Mrs. 3 <input type="radio"/> Miss 4 <input type="radio"/> Ms. | | | Last name | | |
| Title: | E-mail address: | Web site address: | | | |
| 0014 | 0018 | 0020 | | | |
| Telephone number: | Extension: | Fax number: | Date completed: | | |
| 0017 () | 0027 | 0016 () | YYYY | MM | DD |
| Signature: | | | 0015 | | |
| I certify that the information contained herein is complete and correct to the best of my knowledge. | | | | | |