



Unified Enterprise Survey - Annual  
Annual Survey of Manufactures, 2002

**Computer and Electronic Product  
Manufacturing**

**NAICS 334110-334610**

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.

0341

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

ASME00/GEEF01

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	1 <input type="radio"/> Mr. 2 <input type="radio"/> Mrs. 3 <input type="radio"/> Miss 4 <input type="radio"/> Ms.	0054	First name	_____	
			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.					