Unified Enterprise Survey - Annual
Annual Survey of Manufactures, 2002

Food Manufacturing

NAICS 311111-311990

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.**

0111

For information only

ASME00/GEEF01

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

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