



Unified Enterprise Survey - Annual  
**Capital Expenditures**  
**Revised Forecast 2000**

**Deadline for receipt: May 12, 2000**

Collected under the Authority of the *Statistics Act*,  
 Revised Statutes of Canada, 1985, Chapter S-19

Completion of the questionnaire is a legal requirement  
 under this Act

Confidential when completed

Si vous préférez recevoir ce questionnaire en français,  
 veuillez cocher ou téléphoner.

**FORM M2**

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

Legal Name _____	Mail Contact Name _____
Business Name _____	Title _____
Location _____	c/o _____
Principal Activity _____	Address: _____
Type of Ownership _____	postal (ZIP) code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(Please see Reporting Guide)	Telephone No. ( <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ext. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Fax Number ( <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>For Statistics Canada Use Only</b> <input type="checkbox"/> H.R.'d <input type="checkbox"/> SMO V. <input type="checkbox"/> Corr.

**A - Introduction**

**SURVEY PURPOSE:**

This survey collects data on capital and repair expenditures in Canada. The information is used by Federal and Provincial governments and agencies, trade associations, universities and international organizations for policy development and as a measure of regional activity.

**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 without the previous written consent of that 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.

**Returning your questionnaire:**

Please complete a questionnaire for the operation(s) and location(s) described on the address label above. You should only report for those operations located in Canada. Please send the completed questionnaire(s) in the enclosed envelope to **Investment and Capital Stock Division, Statistics Canada, Ottawa Ontario K1A 0T6**. If you wish to send the questionnaire by facsimile, please see Reporting Guide for details. Thank you.

**Do you have any questions?  
 Do you need another questionnaire?**

**Please call (613) 951-9815 or 1-800-345-2294**

**Fax (613) 951-0196 or 1-800-606-5393**

**REPORTING PERIOD:**

For the purpose of this survey, please report information for your **12 month fiscal period** for which the **FINAL DAY** occurs on or between January 1, 2000 and December 31, 2000.

**If your fiscal year ends in January, February or March, and you wish to provide information for your fiscal year ending in early 2001, please do so. Please clearly indicate below the period covered by this report.**

From	Year	Month	Day	To	Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**DATA SHARING AGREEMENTS**

To avoid duplicating survey activity, Statistics Canada has entered into agreements with provincial and territorial statistical agencies for the sharing of data. This is done in accordance with the Federal *Statistics Act* and corresponding provincial and territorial legislation. Details are outlined in the accompanying Reporting Guide. **Please note that Statistics Canada does not share any individual responses with Revenue Canada.**

Name of person completing this questionnaire: (please print)

<input type="text"/>	<input type="text"/>
First Name	Family Name

Title:

Telephone No.

Ext.

Fax No.

Date completed:

Signature:

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

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

