



CENTRAL REGISTER OF ESTABLISHMENTS QUESTIONNAIRE

1. Legal Name: _____

2. Trading Name: _____

3. Address:

PO Box : _____

Street Name and No: _____ District: _____

Telephone No. _____ Fax No. _____

Email address: _____ Website _____

4. Contact Person:

Name: _____ Position: _____

Telephone: _____ Email address: _____

5. What is the legal form of this business? (*tick in the appropriate box below*)

Incorporated

Sole proprietor

Joint Venture

Partnership

Cooperative

Other (please Specify) _____

6. In what year did this establishment begin operation? (*Year of commencement*) _____

7. What is the type of organization that best describes this establishment?

Single establishment (without or independent of any subsidiary or branch) **(Go To 10)**

Holding company/Head office with Branch or Subsidiary: Foreign Local

Branch of another establishment: Foreign Local

Name of main office _____

Subsidiary: Foreign Local **(Go To 9)**

Name of parent company _____

8. Number of Branches _____

9. Number of Subsidiaries _____

