

Investment in Canada of non-Canadian partnerships, 2013

BP - 61

Confidential when completed

Please make a copy for your records

Si vous préférez ce questionnaire en français, veuillez cocher

Toll free : 1(866) 765-8143
 Facsimile: 1(613) 951-9031
 E-mail: bop.surveys@statcan.gc.ca

Please correct any mistakes in Name or Address

Guide

| | |
|---|---|
| Authority: | This survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S-19. COMPLETION OF THIS QUESTIONNAIRE IS A LEGAL REQUIREMENT UNDER THE STATISTICS ACT. |
| Purpose of the survey: | The data are required to prepare statements on Canada's Balance of International Payments and Investment Position. This information is used as a major input in the conduct of monetary and exchange rate policies by the Government of Canada. Your information may also be used by Statistics Canada for other statistical and research purposes. |
| Fax or e-mail transmission disclosure: | If you choose to transmit the questionnaire to Statistics Canada by facsimile or other electronic transmission, please be advised that there could be a risk of disclosure during the communication. However, upon receipt of your information, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the <i>Statistics Act</i> . |
| Confidentiality: | Statistics Canada is prohibited by law from releasing any information it collects which could identify any person, business, or organization, unless consent has been given by the respondent or as permitted by the <i>Statistics Act</i> . Statistics Canada will use the information from this survey for statistical purposes. |
| Record linkage: | To enhance the data from this survey, Statistics Canada may combine it with information from other surveys or from administrative sources. |
| Filing of this questionnaire: | A completed copy of this questionnaire should be returned within four weeks of receipt to Statistics Canada, International Accounts and Statistics Division, 100 Tunney's Pasture Driveway, Ottawa, Ontario, K1A 0T6. Please return the completed form to us in the enclosed envelope or fax it at 613-951-9031 . If you need any clarification about reporting, please call toll free 1-866-765-8143 or e-mail: bop.surveys@statcan.gc.ca . |
| Geographical detail: | Please use the enclosed coding list to identify the country. If a country is not identified on the list, please write the name in full. When geographical distribution is not available, please estimate. |

Head office address

Canadian address (chief place of business in Canada)

Date of beginning of operation in Canada

Please indicate the principal type of activity in Canada by writing the number in the box:

1. Food, Beverage and Tobacco
2. Wood and Paper
3. Energy
4. Metallic Minerals and Metal Products
5. Machinery and Transportation Equipment

6. Finance and Insurance
7. Services and Consumer Goods (including Food Retailing)
8. Chemical and Electrical Products and Construction
9. Other (Specify) _____

Principal product or service rendered in Canada

Balance Sheet

Report below the value of partnerships investments in Canada

At December 31, 2013 or 20

| ASSETS | Express all amounts to nearest thousand Canadian dollars | |
|---|--|--------------|
| | \$'000 | Country code |
| 1. Cash | | |
| 2. Accounts receivable: i) from residents of Canada | | |
| ii) from non-residents of Canada | | |
| 3. Inventory | | |
| 4. Fixed assets (net of depreciation) | | |
| 5. Deferred exploration and development expenditures | | |
| 6. Investments in Canadian corporations <i>(please specify)</i> | | |
| | | |
| | | |
| | | |
| 7. Other assets <i>(please specify)</i> | | |
| | | |
| | | |
| 8. Total Assets in Canada | | |
| LIABILITIES | | |
| To residents of Canada: | | |
| 9. Accounts payable | | |
| 10. Other liabilities <i>(please specify)</i> | | |
| | | |
| | | |
| To non-residents of Canada: | | |
| 11. Accounts payable | | |
| 12. Other liabilities <i>(please specify)</i> | | |
| | | |
| | | |
| | | |
| 13. Equity of partners | | |
| 14. Total liabilities | | |

Any comments or qualifications which you feel might be usefully added to this material would be appreciated.

Thank You

| | | | |
|------|--|---------------------------------------|-----------|
| Date | Telephone : Facsimile : E-mail : | Name and title of responsible officer | Signature |
|------|--|---------------------------------------|-----------|