Balance of Payments Division

## Investment in Canada of non-Canadian partnerships, 2011

BP - 61
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Confidential when completed

Please make a copy for your records

Si vous préférez ce questionnaire en français, veuillez cocher

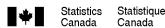
Toll free: 1(866) 765-8143 Facsimile: 1(613) 951-9031

E-mail: bop.surveys@statcan.gc.ca

Please correct any mistakes in Name or Address

## Guide This survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. Authority: Completion of this questionnaire is a legal requirement under the Statistics Act. Your answers are confidential. 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 Statistics Act. The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or any other legislation. Information from this survey will be used for statistical purposes only and will be published in aggregate form only. Record linkages: To enhance the data from this survey, Statistics Canada may combine it with information from other surveys or from administative sources. Data are used to prepare statements on Canada's Balar :e or International Payments and Investment Position. Balance Purpose: of Payments statistics are used as a major inport in the conduct of monetary and exchange rate policies by the Government of Canada. Other uses include international trade negotiations, business planning, marketing and institutional research. A completed copy of this questionnaire should be returned **within four weeks** of receipt to Statistics Canada, Balance of Payments 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 13-51-9031. If you need any clarification about reporting, please call toll free Filing of this questionnaire: 1(866) 765-8143 or e-mail: bop.sr rve\_'s ⊘statcan.gc.ca. If you chose to transmit the rue tionnaire to Statistics Canada by facsimile or other electronic transmission, please be Disclosure: advised that there could the anak of disclosure during the communication. However, upon receipt of your information, Statistics Canada will privious the guaranteed level of protection afforded all information collected under the authority of the Statistics Act. Please use the enclosed coding list to identify the country. If a country is not identified on the list, please write the name Geographical in full. When generaphical distribution is not available, please estimate. detail: 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: 6. Finance and Insurance 1. Food, Beverage and Tobacco Services and Consumer Goods (including Food Retailing) 2. Wood and Paper 8. Chemical and Electrical Products and Construction Energy 9. Other 4. Metallic Minerals and Metal Products (Specify) 5. Machinery and Transportation Equipment

Principal product or service rendered in Canada





Balance Sheet						
Report below the value of partnerships investments in Canada						
At December 31, 2011 or						
				Express all amounts to nearest thousand Canadian dollars		
ASSETS	8			\$'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	on)			-	
5.	. Deferred exploration and devel	opment expenditures			-	
6.	Investments in Canadian corpo	rations (please specify)				
7.	Other assets (please specify)					
				4		
8.	Total Assets in Canada				_	
LIABILITIES						
	o residents of Canada:					
	. Accounts payable				_	
10	Other liabilities (please specify,		9,			
	o non-residents of Canada:  1. Accounts payable	"Oll				
12	2. Other liabilities (please specify,					
	<u> </u>					
	Y					
13	3. Equity of partners					
14	4. Total liabilities					
Any comm	nents or qualifications which you fo	eel might be usefully added to thi	s material would be	appreciated.		
					Thank You	
Date	Telephone :	Name and title of responsible of	fficer Signa	ature		
	Facsimile :					
	E-mail :					