

Investment in Canada of non-Canadian partnerships, 2011

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 S19. <b>Completion of this questionnaire is a legal requirement under the Statistics Act.</b>
Confidentiality:	<b>Your answers are confidential.</b> 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> . The confidentiality provisions of the <i>Statistics Act</i> are not affected by either the <i>Access to Information Act</i> 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 administrative sources.
Purpose:	Data are used to prepare statements on Canada's Balance of International Payments and Investment Position. Balance of Payments statistics are used as a major input 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.
Filing of this questionnaire:	A completed copy of this questionnaire should be returned <b>within four weeks</b> 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 <b>1(613) 951-9031</b> . If you need any clarification about reporting, please call toll free <b>1(866) 765-8143</b> or e-mail: <b>bop.surveys@statcan.gc.ca</b> .
Disclosure:	If you chose 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> .
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:	
<div><div></div><div><div>1. Food, Beverage and Tobacco</div><div>2. Wood and Paper</div><div>3. Energy</div><div>4. Metallic Minerals and Metal Products</div><div>5. Machinery and Transportation Equipment</div></div></div> <div><div>6. Finance and Insurance</div><div>7. Services and Consumer Goods (including Food Retailing)</div><div>8. Chemical and Electrical Products and Construction</div><div>9. Other (Specify) _____</div></div>	
Principal product or service rendered in Canada	

Balance Sheet				
Report below the value of partnerships investments in Canada				
At December 31, 2011 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 (please specify)				
7. Other assets (please specify)				
8. Total Assets in Canada				
LIABILITIES				
To residents of Canada:				
9. Accounts payable				
10. Other liabilities (please specify)				
To non-residents of Canada:				
11. Accounts payable				
12. Other liabilities (please specify)				
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	