

Investment in Canada of non-Canadian partnerships, 2012

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 for the reference month should be returned within three 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 <b>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> .
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, 2012 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