

Unified Enterprise Survey - Annual

Capital Expenditures Revised Forecast 2003

Deadline for receipt: May 21, 2003

Collected under the Authority of the *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S-19

Completion of the questionnaire is a legal requirement under this Act

Confidential when completed

Si vous préférez recevoir ce questionnaire en français, veuillez cocher ou téléphoner.

FORM M2

	I Mail Contact Name					
Legal Name	Mail Contact Name					
	Title					
Business Name	Address					
	Postal Code					
Location	Telephone (ZIP)-Code					
Location	Number (
Principal Activity	Fax Number (Stension					
Type of Ownership	E-mail					
(Please see Reporting Guide)	For Statistics Canada					
	USO ONLY H.R.'d SMO V. Corr. E-Mail					
Introduction						
SURVEY PURPOSE: This survey collects data on capital expenditures in Canac	da. The information is used by Federal and Provincial governments and agencies, trade					
associations, universities and international organizations for	policy development and as a measure of regional activity.					
CONFIDENTIALITY:	a statisting which would disult a information obtained from this own on that					
identifiable business without the previous written consent of	statistics which would divulge information obtained from this survey that relates to an that business) The data reported on this questionnaire will be treated in strict confidence					
used for statistical purposes and published in aggregate for Access to Information Act or any other legislation.	only. The confidentiality provisions of the Statistics Act are not affected by either the					
RETURNING YOUR QUESTIONNAIRE:						
Please complete a questionnaire for the operation(s) and operations located in Canada. Please send the completed	location(s) described on the pre-printed label above. You should only report for those questionnaire(s) in the enclosed envelope to Investment and Capital Stock Division					
Statistics Canada, Ottawa Ontario K1A 076. Kyou wish to	o send the questionnaire by facsimile, please see Reporting Guide for details. Thank you.					
Do you have any questions? Do you need another questionnaire?						
Please call (6	13) 951-9815 or 1-800-345-2294					
	951-0196 or 1-800-606-5393					
REPORTING PERIOD:						
	or your 12 month fiscal period for which the FINAL DAY occurs on or between April 1					
2003 and Malch 31, 2004. See reporting guide for example Please indicate below the period covered by this report.						
YYYY MM From To To	YYYY MM					
10						
DATA SHARING AGREEMENTS						
	entered into agreements with provincial and territorial statistical agencies for the sharing of sections. Details are outlined in the					
	ics Canada does not share any individual responses with Canada Customs an					
Revenue Agency.						
CHANGE OF OWNERSHIP:						
Did any change of ownership occur during 2003?						
☐ Yes ☐ No						
If sold during 2003, give name, address and telephone number	per of present owner					
Name:						
Address:						
Telephone Number: ()						

Statistics Statistique
Canada Canada

Canadä

REVISED FORECAST 2003								
SECTION A: Capital	Expenditures							
(Include additions to work in progress)	New Assets Renovation Retrofit (include used fixed assets if imported)		Purchase of Used Canadian Assets		Total Capital Expenditures (Columns 1 + 2)			
p	(1)		(thousands of dollars)		(3)			
1. Land	111	00.00	XXXXXXXXX		XXXXX	XXXXX		
2. Residential Construction	112	113		000.00	XXXXX	XXXXX		
Non-Residential Construction (including for lease to others.)	114	115		116		Box A		
		00.00		000.00		000.00		
Machinery and Equipment (including for lease to others)	117	118 000. 00		000.00)	Box B 000.		
5. What percentage of Box 117 is fo		•		%	076	Žero 🗆		
SECTION B: Change	es in Capital Expenditur	es Plans			\leftarrow			
_	ported previously on the Fore			(Non Residential Construction Box A (Oneck the ap	Mashinery and Equipment Box B oppopriate box)		
1. Abandoned plans (indefinitely	y)			\	(799)	(800)		
2. Deferred plans to future year	(s)			~~.\·.	(801)	(802)		
3. Reduced the size of the prev	iously planned project(s)				(803)	(804)		
4. Expanded the size of the pre-	viously planned project(s)				(805)	(806)		
5. Introduced additional project((s) into current plans				(807)	(808)		
6. Project(s) ahead of schedule	or completed				(809)	(810)		
7. Project(s) behind schedule		(.)	7,		(811)	(812)		
8. Better information or revised	reporting procedures		<u> </u>		(813)	(814)		
9. Other(s)	(>		(815)	(816)		
				098	hrs.	99 min.		
How much time was spent o	compiling data and completing t	tnis questio	nnaire?					
Name of person completing this	questionnaire: (please print)							
First Name		Fa	amily Name					
Title:								
Telephone Number	Ext. Fa	ax Number		Date con	npleted:			
Signature				1 , ,	YYYY N	MM DD		
I certify that the infe	ormation contained herein is complete a	and correct to	the best of my knowledge.					
		СОММЕ	NTS					
						055		
	THANK YOU	FOR YOUR	CO-OPERATION					

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