

CONFIDENTIAL

FORM NO

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THE UNITED REPUBLIC OF TANZANIA



NATIONAL BUREAU OF STATISTICS

BUSINESS REGISTER QUESTIONNAIRE

TANZANIA MAINLAND - 2012

THIS INFORMATION IS COLLECTED UNDER THE STATISTICAL ACT NO. 1 OF 2002

PART A: IDENTIFICATION

REGION: _____

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DISTRICT: _____

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WARD: _____

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NAME OF AREA: _____

DATE: _____

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Name of Enumerator: _____ Signature: _____ Date _____

Name of Supervisor: _____ Signature: _____ Date _____

(FOR OFFICIAL USE ONLY)

WHICH OF THE FOLLOWING GROUPS DOES THIS BUSINESS FALL INTO?

1. Micro Business/Enterprise
2. Small Business/Enterprise
3. Medium Business/Enterprise
4. Large Business/Enterprise

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PART B – GENERAL INFORMATION OF ESTABLISHMENT

1	Full Name of the Establishment _____ _____
2	Mailing Address P.O. Box: _____ Fax Number: _____ Telephone Number : _____ E-mail: _____ Mobile Number: _____ Website: _____ Name of Contact Person:
3	Physical Location of the Establishment <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Urban Plot Number: _____ House Number: _____ Road/ Street: _____ City/ Town: _____ </div> <div style="width: 45%;"> Rural Village: _____ </div> </div>
4	In which category does your Establishment belong? a. A stand alone Establishment /Enterprise or Organization without branches → Qn.6 b. The Headquarters of Establishment with more than one branch → Qn6 c. A Branch of an Establishment of a large Organization <div style="float: right; border: 1px solid black; width: 40px; height: 25px; margin-top: 10px;"></div>
5	Write the address of your Head Office P.O. Box: _____ Telephone Number: _____ Fax: _____ E-mail: _____ Website: _____ Mobile Number: _____

6	Type of Ownership	1. Public..... 2. Private..... 3. Cooperative..... 4. Mixed (both Public and Private) If Answer is 4, please indicate % share of Public.....	(Tick) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px;"></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td></tr> </table> <div style="display: inline-block; vertical-align: middle;"> → Qn 8 → Qn 8 </div>	1		2		3		4	
1											
2											
3											
4											
7	What is the Nationality of owner of the Establishment? 1. Tanzanian 2. Other EAC States: Kenya, Uganda, Burundi na Rwanda) <input style="width: 40px; height: 20px;" type="text"/> 3. Other SADC States (Mozambique, Malawi, Zambia, Zimbabwe, Angola, Namibia, South Africa, Botswana, Swaziland, Mauritania and Lesotho.) 4. <i>Others (Specify)</i>										
PART C – DETAILED INFORMATION											
8	When did this Establishment/Business begin its operation? (IF DON'T KNOW, PUT 99 TO THE RESPECTIVE BOXES) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr style="background-color: #cccccc;"> <th style="width: 10%;">Day</th> <th style="width: 10%;">Month</th> <th style="width: 40%;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 80px; height: 20px;"></td> </tr> </table>			Day	Month	Year					
Day	Month	Year									
9(a)	Is your Establishment registered by any Government Authority? Yes1 No.....2 ➡ 10(a) <input style="width: 40px; height: 20px;" type="text"/>										
9(b)	When was this Establishment/Business registered? <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr style="background-color: #cccccc;"> <th style="width: 10%;">Day</th> <th style="width: 10%;">Month</th> <th style="width: 40%;">Year</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 80px; height: 20px;"></td> </tr> </table>			Day	Month	Year					
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10(a)	Activity of the Establishment (For official use only) <div style="text-align: right; font-weight: bold;">ISIC CODE</div> Main Activity (state precisely)_____ <input style="width: 40px; height: 20px;" type="text"/> Other Activities (state precisely) (i) _____ <input style="width: 40px; height: 20px;" type="text"/> (ii) _____ <input style="width: 40px; height: 20px;" type="text"/>										

10(b)	<p>Please provide a brief description of your product(s) and service(s)</p> <div style="border: 1px solid black; height: 120px; width: 100%;"></div>												
11	<p>How many employees does your Establishment currently have? (Temporary and Permanent)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th><th style="width: 20%; text-align: center; border-bottom: 1px solid black;">PERMANENT</th><th style="width: 20%; text-align: center; border-bottom: 1px solid black;">TEMPORARY</th></tr> </thead> <tbody> <tr> <td>Male.....</td><td style="border: 1px solid black; height: 25px;"></td><td style="border: 1px solid black; height: 25px;"></td></tr> <tr> <td>Female.....</td><td style="border: 1px solid black; height: 25px;"></td><td style="border: 1px solid black; height: 25px;"></td></tr> <tr> <td>Total.....</td><td style="border: 1px solid black; height: 25px;"></td><td style="border: 1px solid black; height: 25px;"></td></tr> </tbody> </table>		PERMANENT	TEMPORARY	Male.....			Female.....			Total.....		
	PERMANENT	TEMPORARY											
Male.....													
Female.....													
Total.....													
12	<p>Other Workers (Working proprietors, Unpaid family workers and the like)</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Male.....</td><td style="border: 1px solid black; height: 25px;"></td></tr> <tr> <td>Female.....</td><td style="border: 1px solid black; height: 25px;"></td></tr> <tr> <td>Total.....</td><td style="border: 1px solid black; height: 25px;"></td></tr> </tbody> </table> <p style="text-align: center; margin-top: 20px;">IF THE ESTABLISHMENT IS A NON PROFITABLE INSTITUTION [GOVERNMENT OFFICE, FAITH BASED ORGANISATION, NGOs, etc] THEN, GO TO PART D.</p>	Male.....		Female.....		Total.....							
Male.....													
Female.....													
Total.....													
13(a)	<p>What is the Initial Capital Investment of your Business: (<i>Provide Best estimate</i>)</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Less than 1 mil. Tshs</td><td style="width: 10%; text-align: right;">1</td><td rowspan="4" style="width: 30%; vertical-align: middle; text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div> </td></tr> <tr> <td>1 mil to 49.9 mil. Tshs</td><td style="text-align: right;">2</td></tr> <tr> <td>50 mil to 199.9 mil. Tshs</td><td style="text-align: right;">3</td></tr> <tr> <td>200 mil Tshs or more</td><td style="text-align: right;">4</td></tr> </tbody> </table>	Less than 1 mil. Tshs	1	<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div>	1 mil to 49.9 mil. Tshs	2	50 mil to 199.9 mil. Tshs	3	200 mil Tshs or more	4			
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50 mil to 199.9 mil. Tshs	3												
200 mil Tshs or more	4												
13(b)	<p>What is the source of Initial Capital Investment of your business (circle the correct answer, MORE THAN ONE ANSWER IS POSSIBLE)</p> <p>Privatea</p> <p>Loans from Banks and other Credit Institutionsb</p> <p>Governmentc</p> <p>Other (specify)d</p>												
14	<p>What is the annual turnover/sales of your business based on the latest available financial statements (2011): (<i>Provide Best estimate in Tshs if the financial statement is not available</i>)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>												

PART D : DECLARATION AND SIGNATURE

I HEREBY DECLARE that, the information contained in this return is complete and correct to the best of knowledge and belief.

.....
Name	Designation
...../...../.....
Signature	Date
Stamp	

If you face any problem while completing this Questionnaire, Please contact:

Mr. /Ms: Mobile Number:

Otherwise, the Completed Questionnaire should be either given to the enumerator when he/she visits your Establishment again, or send it directly to:

Regional Statistical Manager

P.O. Box:

Region:

Telephone Number:

Fax Number:

Email:@nbs.go.tz

Mobile Number:

THANK YOU FOR YOUR COOPERATION.