

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	<p>Full Name of the Establishment _____</p> <p>_____</p>
2	<p>Mailing Address</p> <p>P.O. Box: _____ Fax Number: _____</p> <p>Telephone Number : _____ E-mail: _____</p> <p>Mobile Number: _____ Website: _____</p> <p>Name of Contact Person:</p>
3	<p>Physical Location of the Establishment</p> <p>Urban Rural</p> <p>Plot Number: _____ Village: _____</p> <p>House Number: _____</p> <p>Road/ Street: _____</p> <p>City/ Town: _____</p>
4	<p>In which category does your Establishment belong?</p> <p>a. A stand alone Establishment /Enterprise or Organization without branches → Qn.6</p> <p>b. The Headquarters of Establishment with more than one branch → Qn6 <input type="checkbox"/></p> <p>c. A Branch of an Establishment of a large Organization</p>
5	<p>Write the address of your Head Office</p> <p>P.O. Box: _____</p> <p>Telephone Number: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p> <p>Website: _____</p> <p>Mobile Number: _____</p>

6	Type of Ownership	(Tick)			
	1. Public.....	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px;"></td></tr></table>	1		→ Qn 8
1					
	2. Private.....	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; text-align: center;">2</td><td style="width: 20px;"></td></tr></table>	2		
2					
	3. Cooperative.....	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; text-align: center;">3</td><td style="width: 20px;"></td></tr></table>	3		→ Qn 8
3					
	4. Mixed (both Public and Private)	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; text-align: center;">4</td><td style="width: 20px;"></td></tr></table>	4		
4					
	If Answer is 4, please indicate % share of Public..... <table border="1" style="display: inline-table; width: 50px; height: 20px;"></table>				

7	What is the Nationality of owner of the Establishment? <ol style="list-style-type: none"> 1. Tanzanian 2. Other EAC States: Kenya, Uganda, Burundi na Rwanda) <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> 3. Other SADC States (Mozambique, Malawi, Zambia, Zimbabwe, Angola, Namibia, South Africa, Botswana, Swaziland, Mauritania and Lesotho.) 4. <i>Others (Specify)</i> 	
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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="margin-left: auto; margin-right: auto;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 20px;">Day</th> <th style="width: 20px;">Month</th> <th style="width: 40px;">Year</th> </tr> </thead> <tbody> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </tbody> </table>	Day	Month	Year				
Day	Month	Year						

9(a)	Is your Establishment registered by any Government Authority? Yes1 No.....2 ➔ 10(a)	<table border="1" style="width: 40px; height: 20px;"></table>
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9(b)	When was this Establishment/Business registered?							
	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 20px;">Day</th> <th style="width: 20px;">Month</th> <th style="width: 40px;">Year</th> </tr> </thead> <tbody> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </tbody> </table>	Day	Month	Year				
Day	Month	Year						

10(a)	Activity of the Establishment	(For official use only)
		ISIC CODE
	Main Activity (state precisely)_____	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
	Other Activities (state precisely)	
	(i) _____	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
	(ii) _____	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>

10(b) Please provide a brief description of your product(s) and service(s)

11 How many employees does your Establishment currently have? (Temporary and Permanent)

	PERMANENT	TEMPORARY
Male.....		
Female.....		
Total.....		

12 Other Workers (Working proprietors, Unpaid family workers and the like)

Male.....	
Female.....	
Total.....	

IF THE ESTABLISHMENT IS A NON PROFITABLE INSTITUTION [GOVERNMENT OFFICE, FAITH BASED ORGANISATION, NGOs, etc] THEN, GO TO PART D.

13(a) What is the Initial Capital Investment of your Business: (Provide Best estimate)

Less than 1 mil. Tshs	1	<input style="width: 40px; height: 25px;" type="checkbox"/>
1 mil to 49.9 mil. Tshs	2	
50 mil to 199.9 mil. Tshs	3	
200 mil Tshs or more	4	

13(b) What is the source of Initial Capital Investment of your business (circle the correct answer, MORE THAN ONE ANSWER IS POSSIBLE)

Privatea

Loans from Banks and other Credit Institutionsb

Governmentc

Other (specify)d

14 What is the annual turnover/sales of your business based on the latest available financial statements (2011): (Provide Best estimate in Tshs if the financial statement is not available)

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 Stamp Date

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.