

BRID: _____

Please notify any change of name or address

Monthly Producer Prices Survey

Month: _____

This survey is carried out in terms of the Malta Statistics Authority Act of 2000. This form must be returned to this office within 5 working days, duly completed to the best of your ability. Your contribution to this survey is important and we appreciate your effort in filling out this form.

Instructions: In the table on the next page, please record selling prices (in € per unit, e.g. €11.45c) as at the 15th of the month (or the nearest trading day prior to the 15th). The prices should be the actual prices received for sales, incorporating any discounts, rebates, etc. If it is not feasible to record prices as at the 15th of the month because of the infrequency of sales, then please report for sales on a day as close as possible prior to the middle of the month.

CONFIDENTIAL WHEN COMPLETE

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PRODUCERS' SELLING PRICES

CPA Code (Office Use ONLY)	Market D=Domestic E=Export EuroZone N=Export Non EuroZone	Prod. No.	Full Product Description	Unit of quantity (e.g. tonnes, kg, etc.)	Price as at or prior to 15 th of month (€ per unit)
		01			
		02			
		03			
		04			
		05			
		06			
		07			
		08			
		09			
		10			
		11			
		12			
		13			
		14			
		15			
		16			
		17			
		18			
		19			
		20			

PRODUCERS' SELLING PRICES

CPA Code (Office Use ONLY)	Market D=Domestic E=Export EuroZone N=Export Non EuroZone	Prod. No.	Full Product Description	Unit of quantity (e.g. tonnes, kg, etc.)	Price as at or prior to 15 th of month (€ per unit)
		21			
		22			
		23			
		24			
		25			
		26			
		27			
		28			
		29			
		30			

1. Have the prices of any of these products changed since the previous month? Yes No
If YES, what is the reason for the change(s)?

2. Have the specifications of any of these products changed since the previous month? Yes No
If YES, please provide a brief description of the change(s).

3. Are these products still main sellers, representative of your product range in terms of price change over time? Yes No
If NO, please provide the specifications of a replacement product(s) that are representative.

Contact Name: _____ Position: _____ Signature: _____

Date: _____ Phone Number _____ Fax No: _____ e-mail: _____

THANK YOU FOR YOUR COOPERATION