

Period to be covered by this form:

\_\_\_\_\_

BRID: \_\_\_\_\_

NACE: \_\_\_\_\_

## QUARRYING

This request is carried out in terms of the Malta Statistics Authority Act of 2000. This form must be returned to this office duly completed to the best of your ability. Fines may be imposed on late remittance. Your contribution to this survey is important and we appreciate your effort in filling out this form.

### MONTHLY DATA

A. Employment	Average number of workers		Number of hours worked	Gross wages and salaries, bonuses and other allowances
	Full-Time	Part-Time		
• Salary and wage earners .....				€
• Self-employed and unpaid family workers.....				
<b>Total</b> .....				

B. Turnover	
• Turnover net of VAT .....	€

C. Investment (additional investment during the monthly period)	
• Buildings .....	€
• Machinery, equipment, furniture/fitings .....	€

Details of person to contact if there are any queries regarding this questionnaire:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Tel. \_\_\_\_\_

e-mail: \_\_\_\_\_