

STRICTLY CONFIDENTIAL



Royal Government of Cambodia
Nation-wide Establishment Listing of Cambodia
2009



FORM

Page Number.....

Total Number of Pages Used for the Village.....

This form is only for statistical purpose and not used for taxation.

As of 9 February 2009

	Khet / Krong	Srok / Khand	Khum / Sangkat	Phum
Name				
Code				

Line No.	Establishment No.	Name of Establishment and Sex of Representative (If no name, describe name of representative.) (Put commonly known trade name, if any, within the brackets.)	Address of Establishment (Describe name of street and number only)	Registered or not and Ownership of Organization (Legal Status)	Head Office or Branch	Number of Persons Engaged Daily Last Week (Including owner and/or family workers)			Kind of Business Activities (Describe main goods produced/sold, materials processed, or services provided (In case of a trading establishment, describe whether wholesale or Retail.)	Telephone No.			
						Male	Female	Persons					
1	2	3	4	5	6	7	8	9	10	11	12	13	14
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

KEY TO CODES*Column 4**

Sex of representative
 1. Male
 2. Female

Column 6

Registered to MOC or not
 1. Registered
 2. Not registered

Ownership of Organization (Column 7)

1. Individual Proprietorship
2. General Partnership
3. Limited Partnership
4. Cooperative
5. Private Limited Company
6. Public Limited Company
7. State-owned
8. Non-governmental Organization
9. Commercial Representative Office of Foreign Company
10. Branch of Foreign Company
11. Subsidiary of Foreign Company
12. Others

Head Office or Branch (Column 8)

1. Single Unit
2. Head Office
3. Branch

Column 9-11

If not specified, fill in the following code on **Column 11**:
 A. 1 - 10 persons
 B. 11 - 50
 C. 51 - 100
 D. 101 and over

For Official Use Only

Name of Enumerator : _____

Signature _____ Day _____ Month _____ Year _____

Name of Supervisor : _____

Signature _____ Day _____ Month _____ Year _____