

**CONFIDENTIAL  
FOR STATISTICAL USE ONLY**

**FOR OFFICE USE ONLY  
QUEST. (MI)\_\_\_\_\_**

**NAME OF ESTABLISHMENT \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_

**ISIC \_\_\_\_\_**

**SR. NO. \_\_\_\_\_**

**THE FEDERAL DEMOCRATIC REPUBLIC OF  
ETHIOPIA  
CENTRAL STATISTICAL AUTHORITY**

**ANNUAL SURVEY OF MANUFACTURING  
INDUSTRY  
(19....)**

TO: DIRECTOR, FBI (100-374301)      FROM: SAC, NEW YORK (100-100000)      SUBJECT: [REDACTED]

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68.

FOR INFORMATION OF THE BUREAU, THE FOLLOWING IS A SUMMARY OF THE MATTER:

[REDACTED]

THE ABOVE INFORMATION WAS OBTAINED FROM A SOURCE WHOSE CREDIBILITY IS NOT KNOWN.

IT IS REQUESTED THAT YOU ADVISE THE BUREAU OF ANY DEVELOPMENTS.

[REDACTED]

VERY TRULY YOURS,  
[REDACTED]

100-100000

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

# SURVEY OF LARGE AND MEDIUM SCALE MANUFACTURING INDUSTRIES

## ITEM 1 - IDENTIFICATION PARTICULARS

### 1.1 ADDRESS OF THE ESTABLISHMENT

1	2	3	4	5	6	7	8
KILLIL	ZONE	WEREDA	TOWN	HIGHER	KEBELE	HOUSE NO.	QUES. L. M.
9	10			11		12	
ISIC NO. (FOR OFFICE USE)	REGISTERED NAME OF ESTABLISHMENT/OWNER			SR.NO.OF ESTAB. (For Office)	TELEPHONE NO.		P.O.BOX NO.

### 1.2 ADDRESS OF HEAD OFFICE IF SEPARATE FROM FACTORY

1	2	3	4	5	6	7	8	9
KILLIL	ZONE	WEREDA	TOWN	HIGHER	KEBELE	HOUSE NO.	TELEPHONE NO.	P.O.BOX NO.
1	2	3	4	5	6	7	8	9

## ITEM 2 - BASIC INFORMATION ABOUT THE ESTABLISHMENT

<p>2.1 MAJOR PRODUCTS OF THE ESTABLISHMENT (ENUMERATE IN ORDER OF THEIR VALUE OF SALES)</p> <p>_____</p> <p>2.2 IF MULTI-ESTABLISHMENT ENTERPRISE, NUMBER OF ESTAB.</p> <p>2.3 DATE OF COMMENCEMENT OF OPERATION (IN ETHIOPIAN CALENDAR YEAR)</p> <p>2.4 DO YOU KEEP BOOKS OF ACCOUNTS?      YES = 1      NO = 2 (IF YES ATTACH DETAILED STATEMENT OF ACCOUNTS)</p> <p>2.5 IF THE ANSWER IS YES TO 2.4 STATE ACCORDING TO WHICH CALENDAR YEAR YOUR ACCOUNTS AND BOOKS ARE BEING KEPT</p> <p>ETHIOPIAN FISCAL YEAR ---- (YEAR ENDING JULY 7)      = 1</p> <p>ETHIOPIAN CALENDAR YEAR (YEAR ENDING SEPT. 10)      = 2</p> <p>GREGORIAN CALENDAR YEAR (YEAR ENDING DEC. 31)      = 3</p> <p>OTHERS (SPECIFY) _____      = 4</p>	<div style="margin-bottom: 10px;"> <p>1</p> <p>2.2 <input style="width: 20px; height: 20px;" type="text"/></p> </div> <div style="margin-bottom: 10px;"> <p>2</p> <p>2.3 <input style="width: 40px; height: 20px;" type="text"/></p> </div> <div style="margin-bottom: 10px;"> <p>3</p> <p>2.4 <input style="width: 20px; height: 20px;" type="text"/></p> </div> <div> <p>4</p> <p>2.5 <input style="width: 20px; height: 20px;" type="text"/></p> </div>
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## 2.6 TYPE OF OWNERSHIP

PRIVATE/CO-OPERATIVE  
PUBLIC & PRIVATE= 1  
= 3PUBLIC = 2  
% SHARE

## 2.7 IF THE ANSWER TO 2.6 IS CODE 1 OR 3

## WHAT IS THE LEGAL FORM OF ORGANIZATION?

INDIVIDUAL PROPRIETOR

= 1

PARTNERSHIP

= 2

SHARE COMPANY

= 3

PRIVATE LIMITED COMPANY

= 4

CO-OPERATIVE

= 5

OTHER (SPECIFY)

= 6

## 2.8 NUMBER OF OWNERS OF THE ESTABLISHMENT BY SEX

## 2.9 PAID-UP CAPITAL BY OWNERSHIP AND SEX

1. PRIVATE ETHIOPIAN MALE

BIRR

2. PRIVATE ETHIOPIAN FEMALE

BIRR

3. PRIVATE NON-ETHIOPIAN

BIRR

4. PUBLIC

BIRR

5. OTHERS (SPECIFY)

BIRR

6. TOTAL

BIRR

## 2.10 NUMBER OF MONTHS THE ESTABLISHMENT OPERATED

DURING 1989 E.F.Y. (1986/87 G.C.)

2.11 WHAT WERE THE THREE MAJOR PROBLEMS THAT PREVENTED  
YOU FROM OPERATING FULL YEAR (ENUMERATE IN ORDER  
OF IMPORTANCE)

SHORTAGE OF RAW MATERIALS

= 1

SHORTAGE OF SPARE PARTS

= 2

GETTING MARKET/CUSTOMERS

= 3

LACK OF WORKING CAPITAL

= 4

SHORTAGE OF FOREIGN EXCHANGE

= 5

SHORTAGE OF ELECTRIC &amp; WATER SUPPLY

= 6

REPEATED BREAKAGE OF MACHINERY

= 7

GOVERNMENT RULES &amp; REGULATIONS

= 8

OTHERS (SPECIFY)

= 9

## 2.12 OWNERSHIP OF NON-RESIDENTIAL BUILDINGS

PRIVATELY OWNED

= 1

RENTED

= 2

OTHERS (SPECIFY)

= 3

## 2.13 IF PRIVATELY OWNED, WHAT WAS THE SOURCE OF OWNERSHIP?

INHERITED

= 1

PROVIDED FREE

= 2

CONSTRUCTED BY THE ESTAB.

= 3

OTHER (SPECIFY)

= 4

2.6

5

2.7

6

2.8

7

MALE	FEM.	TOTAL

2.9

8

1. 

--	--	--	--	--	--

9

2. 

--	--	--	--	--	--

10

3. 

--	--	--	--	--	--

11

4. 

--	--	--	--	--	--

12

5. 

--	--	--	--	--	--

13

6. 

--	--	--	--	--	--

2.10

14

2.11

15

2.12

18

2.13

19

### 3.1 NUMBER OF PERSONS ENGAGED IN 19----

NUMBER OF PERSONS ENGAGED AS OF THE LAST PAY PERIOD OF WORKING DAY IN 19----																
SR. NO.	GENERAL OCCUPATION	MESKEREM			TAHSAS			MEGABIT			SENE				PERSON/ MONTHS	WAGES
		ETHIOPIAN		FOR.	ETHIOPIAN		FOR.	ETHIOPIAN		FOR.	ETHIOPIAN		FOR.			
		MALE	FEMALE		MALE	FEMALE		MALE	FEMALE		MALE	FEMALE				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1	WORKING PROPRIETORS, ACTIVE PARTNERS AND FAMILY WORKERS															
2	UN-PAID APPERENTICES															
3	ADMINISTRATIVE, TECHNICAL EMPLOYEES, CLERICAL AND OFFICE WORKERS															
4	PRODUCTION WORKERS															
5	PAID APPERENTICES															
6	SEASONAL & TEMPORARY WORKERS															
7	TOTAL															

NB :- SR.NO 3 AND 4 SHOULD INCLUDE ONLY PERMANENT EMPLOYEES

### 3.2 WAGES AND SALARIES AND OTHER EMPLOYEE BENEFITS PAID (IN BIRR) IN 19----

SR. NO.	GENERAL OCCUPATION	GROSS ANNUAL WAGES AND SALARIES PAID*				EMPLOYEES BENEFITS		ESTABLISHMENTS CONTRIBUTION ON BEHALF OF EMPLOYEES TO PENSION, LIFE AND CASUALTY INSURANCE SCHEMES	NO. OF S H F T	HRS. PER DAY	M O N T H S	NO. OF WORKERS PER SHIFT
		ETHIOPIAN		FOREIGNERS	TOTAL	COMMISSION, BONUSES, PROFESSIONAL AND HARDSHIP ALLOWANCES (EXCLUDING CAR ALLOWANCE AND PERDIEM)	ACTUAL COST TO THE ESTABLISHMENT OF FOOD, LODGING, MEDI- CAL & OTHER BENEFITS PROVIDED TO EMPLOY- EES FREE OF CHARGE					
		MALE	FEMALE									
1	2	3	4	5	6 = (3 + 4 + 5)	7	8	9	10	11	12	13
1	PAID APPRENTICES											
	ADMINISTRATIVE, TECHNICAL EMPLOYEES, CLERICAL & OFF. WORKERS											
2	PRODUCTION WORKERS											
3												
4	TOTAL											

\* HERE WAGES AND SALARIES FOR SEASONAL AND TEMPORARY WORKERS SHOULD BE EXCLUDED.

### 3.3 NUMBER OF PERMANENT EMPLOYEES BY BASIC SALARY GROUP\*

SR. NO.	SEX	UNDER 75	75 AND UNDER 105	105 AND UNDER 150	150 AND UNDER 200	200 AND UNDER 250	250 AND UNDER 300	300 AND UNDER 400	400 AND UNDER 500	500 AND UNDER 700	700 AND UNDER 1000	1000 AND UNDER 1500	1500 AND UNDER 2000	2000 AND OVER	TOTAL
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	MALE														
2	FEMALE														
3	TOTAL														

\* NUMBER OF PERMANENT EMPLOYEES BY SEX & BASIC SALARY GROUP COULD BE COMPILED FROM THE PAYROLL OF LAST PERIOD OF WORKING DAY IN SENE.

**ITEM 4 - PRODUCTS AND SERVICES OF THE ESTABLISHMENT (IN BIRR) IN 19----**

#### 4.1 PRODUCTS AND BY-PRODUCTS

[illegible]

\* TOTAL SALES SHOULD INCLUDE ALL DUTIES AND INDIRECT TAXES COLLECTED, i.e., TRANSACTION, TURNOVER AND EXCISE TAXES etc..

#### 4.2 SERVICES AND OTHER RECEIPTS (IN BIRR) IN 19----

[illegible]

### ITEM 5 - VALUE OF STOCKS (IN BIRR) IN 19----

SR. NO.	STOCKS OF	BEGINNING OF THE YEAR										END OF THE YEAR										DIFFERENCE (END YEAR - BEG. YEAR)										
1	2	3										4										5 = 4 - 3										
1	FINISHED GOODS																															
	SEMI-FINISHED																															
2	GOODS																															
3	RAW MATERIALS																															

### ITEM 6 - COST AND QUANTITY OF RAW MATERIALS, PARTS AND CONTAINERS USED AND PAYMENTS FOR OTHER VARIOUS EXPENSES (IN BIRR) IN 19----

#### 6.1 COST AND QUANTITY OF RAW MATERIALS, PARTS AND CONTAINERS USED (VALUE IN BIRR) IN 19----

SR. NO.	DESCRIPTION OF PRINCIPAL RAW MATERIALS, PARTS & CONTAINERS USED	U/M	RAW MATERIAL CODE	U/M CODE	LOCAL		IMPORTED		TOTAL	
					QUANTITY	VALUE	QUANTITY	VALUE	QUANTITY	VALUE
1	2	3	4	5	6	7	8	9	10=6+8	11=7+9
0 1										
0 2										
0 3										
0 4										
0 5										
0 6										
0 7										
0 8	SPARE PARTS									
0 9	AUXILIARY MATERIALS									
1 0	TOTAL									

N.B: ONLY THE PRINCIPAL RAW MATERIALS USED IN THE REFERENCE YEAR SHOULD BE DESCRIBED IN THE SPACES PROVIDED.  
VALUE OF PARTS & CONTAINERS USED AND OTHER NON-PRINCIPAL MATERIALS SHOULD BE INCLUDED UNDER AUXILIARY MATERIALS.



$$\begin{aligned}
 & \text{if } \exists x (x \in A \wedge x \in B) \text{ then } A \cap B \neq \emptyset \\
 & \text{if } \exists x (x \in A \wedge x \in B) \text{ then } A \cap B \neq \emptyset
 \end{aligned}$$

\* PLEASE DO NOT INCLUDE HERE FUEL FOR TRANSPORT

[illegible]

♦♦ DUTIES AND INDIRECT TAXES COLLECTED, i.e., TRANSACTION, TURNOVER AND EXCISE TAX etc.

10

-----10-11-1961

**ITEM 7 - FIXED ASSETS AND INVESTMENT (IN BIRR) IN 19----**

## 7.1 TYPE AND VALUE OF FIXED ASSETS

SR. NO.		FIXED ASSETS									
		BOOK VALUE BEGINNING OF THE YEAR		INVESTMENT FOR PURCHASE & CAPITAL REPAIR OF FIXED ASSETS		SOLD & DISPOSED DURING THE YEAR		DEPRECIATION DURING THE YEAR*		BOOK VALUE END OF THE YEAR	
1	2	3		4		5		6		7	
1	DWELLING HOUSES										
2	NON-RESIDENTIAL BUILDINGS										
3	OTHER CONSTRUCTION & WORKS										
4	MACHINERY & EQUIPMENT										
5	VEHICLES										
6	OTHERS (OFFICE FURNITURE AND FIXTURE, etc..)										
7	TOTAL										

\* MAKE SURE THAT IN COLUMN 6 ONLY ANNUAL DEPRECIATION IS INCLUDED

## 7.2 ANNUAL INVESTMENT BY TYPE AND SOURCE

SR. NO.	SOURCE OF FINANCING	TYPE OF INVESTMENT											
		FIXED ASSETS						WORKING CAPITAL					
1	2	3						4					
1	TOTAL DOMESTIC SOURCE												
2	OWN FUND												
3	BANK LOAN												
4	OTHERS												
5	FOREIGN SOURCE												
6	TOTAL												



**8.3 WHAT WERE THE THREE MAJOR PROBLEMS THAT PREVENTED  
THE ESTABLISHMENT FROM OPERATING WITH FULL CAPACITY**

		CODE
SHORTAGE OF SUPPLY OF RAW MATERIALS	=1	1 <input type="checkbox"/>
SHORTAGE OF SPARE PARTS	=2	
GETTING MARKET/CUSTOMERS	=3	
LACK OF CREDIT FROM BANKS AND OTHER SOURCES	=4	2 <input type="checkbox"/>
LACK OF FOREIGN EXCHANGE	=5	3 <input type="checkbox"/>
LACK OF TECHNICAL KNOW HOW	=6	
OTHERS (SPECIFY) _____	=7	

**8.4 WHAT ARE THE THREE MAJOR PROBLEMS THAT ARE FACING  
THE ESTABLISHMENT AT PRESENT**

		CODE
SHORTAGE OF SUPPLY OF RAW MATERIALS	=1	1 <input type="checkbox"/>
SHORTAGE OF SPARE PARTS	=2	
DIFFICULT MARKET COMPETITION	=3	
GETTING MARKET/CUSTOMERS	=4	2 <input type="checkbox"/>
SHORTAGE OF WORKING CAPITAL	=5	3 <input type="checkbox"/>
FREQUENT MACHINE BREAKAGE	=6	
INCONVENIENT WORKING PLACE	=7	
PROBLEMS WITH WORKERS	=8	
GOVERNMENT RULES & REGULATION	=9	
NO PROBLEMS FACED	=10	
OTHERS (SPECIFY) _____	=11	

**ITEM 9 - REMARKS**


**ITEM 10 - NAME OF PERSON TO CONTACT REGARDING THIS REPORT**

I CERTIFY THAT THE PRECEDING INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME _____	TITLE _____
SIGNATURE _____	TEL. NO. _____
DATE _____	OFFICIAL SEAL _____

**ITEM 11 - NAME OF ENUMERATOR AND SUPERVISOR**

NAME OF ENUMERATOR _____	SIGNATURE _____	DATE _____
NAME OF SUPERVISOR _____	SIGNATURE _____	DATE _____
HEAD OF STATISTICS (BRANCH OFF.) _____	SIGNATURE _____	DATE _____

7

1000

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