

<b>BLES SURVEY FORM 12</b> <b>CERTIFICATE OF APPEARANCE</b>	
This is to certify that Mr./Ms. _____ of _____ appeared in this office to deliver/ follow-up/ collect the questionnaire/s for: Y 3 <sup>rd</sup> /4 <sup>th</sup> quarters 2000 Employment, Hours and Earnings Survey (EHES) Y 2000 Occupational Injuries Survey (OIS)	
EIN:	
Name of Establishment:	
Address of Establishment: (as located by enumerator) Floor/Bldg./# Street Name: _____ Barangay/City/Municipality: _____ Zip Code/Province: _____	
Name/Signature of Contact Person:	
Position:	
Tel. No.	Date:
Remarks:	