

Period to be covered by this form

BRID: _____ **NACE:** _____

MONTHLY QUESTIONNAIRE ON PRODUCTION

This request is carried out in terms of the Malta Statistics Authority Act of 2000. This form must be returned to this office by 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.

Quantity of production during the month (for main product groups)

Item	Quantity	Unit

*Note: please inform the NSO if there are other product groups that **regularly** account for a larger proportion of your output.*

Note:

ITEM: this column includes the three most produced products in the company.

QUANTITY: this column must include **the amount produced** for both domestic and non-domestic use during the reference month.

UNIT: this column refers to the units in which the amounts are given.

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

Contact Person: _____ Tel.: _____ Date: _____

Fax No. _____ Email: _____

Unit B2: Short-term Statistics
 Directorate B: Business Statistics
 National Statistics Office
 Lascaris
 Valletta VLT 2000
 T. +356 2599 7329, f. +356 2599 7308
 E. stbs.nso@gov.mt