

NAME OF ESTABLISHMENT _____

MONTH AND YEAR OF REFERENCE _____

ARRIVALS

1. Number of Foreign Residents ▶
2. Number of Maltese Residents ▶

GUEST NIGHTS

3. Number of nights spent by Foreign Residents ▶
4. Number of nights spent by Maltese Residents ▶

ROOM NIGHTS

5. Number of room nights sold to Foreign Residents ▶
6. Number of room nights sold to Maltese Residents ▶

BEDROOMS

7. Number of bedrooms ▶

BEDPLACES

8. Number of bedplaces available ▶

CLOSURE

9. Number of days establishment was closed during the month ▶

I hereby declare that the information in this return is complete and correct to the best of my knowledge and belief.

Name and Surname _____ Signature _____

Position Held _____ Tel. No. _____

Date

DD	MM	YYYY
		2014

E-mail address _____

STRICTLY CONFIDENTIAL WHEN COMPLETE

Please complete by the 12th of the following month and forward to:
National Statistics Office
Lascaris, Valletta, VLT 2000
Tel: 25997639
Fax: 25997205
E-mail: tourism.nso@gov.mt