



Enq. nr. Volgnr. Bedrijf GIS Volgnr.

Establishment Form

Economic Census 2014

6 okt 2014



CONTACT INFORMATION ESTABLISHMENT/ FOUNDATION

1 Fill in the information of this establishment/foundation:

Legal name (name legal entity / name owner)

Business name/ Also known as:

Building name (if applicable) and suite nr e.g. Sun Plaza, Royal Plaza ...

Streetname Number Letter

Telephone number Fax number

E-mail address of establishment
 @

Social Networking Sites e.g. Facebook, Twitter, Instagram, LinkedIn, ...

Website of establishment e.g. setar.aw, witgelekruisaruba.org

ECONOMIC ACTIVITIES

2 What is the main economic activity carried out by this establishment/foundation at this moment?

Description main economic activity 1 **i** With highest income or revenue

3 What is the second economic activity carried out by this establishment/foundation?

Description economic activity 2 **i** According to income or revenue

4 Please mention any other economic activity(ies) carried out by this establishment/foundation

Description any other economic activity

5 This Establishment/foundation is a:

Company/foundation with no branches **GO TO 9**
Head-office **GO TO 7**
Branch/ Supporting establishment

i Supporting establishment is a branch where only supporting activities are performed.

CONTACT INFORMATION HEAD OFFICE

6 Fill in the information of the Head.office:

Legal name (name legal entity / name owner) Head.office

Business name/ Also known as (Head.office)

Streetname Number Letter

Telephone number Fax number

E-mail address Head.office
 @

7 Fill in the contact information at the Head.office:

Contact information at Head.office (person's name, telephone, email, ...)

CHECK This establishment is a:

Branch/ Supporting establishment **END OF QUESTIONNAIRE**
Head.office

8 How many branches and/or supporting establishments does this enterprise as a whole have?

Branches Supporting establishments +

END OF QUESTIONNAIRE
CBS WILL CONTACT THIS HEAD.OFFICE AGAIN FOR INFORMATION OF THE WHOLE ENTERPRISE

BUSINESS CHARACTERISTICS

9 What type of business is this enterprise/foundation?

One-man business **GO TO 14**
 Foundation
 Association
 Co-operative association
 NV
 Partnership firm (V.O.F.)
 Partnership
 VBA
 Other type of business

Specify

10 Is this enterprise/foundation part of a holding/an intercompany structure?

Yes No
Specify name holding

11 Is the ownership of this enterprise (at least partially) in hands of a non-resident (person/company)?

i Non-resident: not registered (at the Population Registry of Aruba or the Chamber of Commerce Aruba)
 Yes No **GO TO 14**

12 How many shares (in percentages) are held by a non-resident (person/company)?

< 10 %
 10 - <=50 %
 >50%

13 Is this enterprise controlled by a non-resident (person/company)?

Yes No **i** Controlled by a non resident means that the decision making is in hands of the non resident

14 In what year and month did this enterprise/foundation start operations in Aruba?

Year opened Month opened

15 Is this enterprise/foundation registered at the Chamber of Commerce Aruba?

Registration number Not registered

16 Does this enterprise/foundation have a "persoonsnummer"?

"Persoonsnummer" Does not have a "persoonsnummer".

17 Is this enterprise/foundation registered at the Social Insurance Bank (SVB)?

Social Insurance Bank number Not registered

EMPLOYMENT CHARACTERISTICS & WAGES

18 How many persons are working at this enterprise/foundation per August 31, 2014?

i INCLUDE: Proprietors and family workers not on payroll, freelancers, day laborers and temporary workers
Total working persons

18 **A** If q18 was unknown fill in q18a

How many persons are working at this enterprise/foundation per August 31, 2014? Please indicate in the categories provided:
 0 5-9 50-149
 1-2 10-19 >=150
 3-4 20-49

18 **B** How many women are working at this enterprise/foundation per August 31, 2014?

Total working women

18 **C** If q18b was unknown fill in q18c

What is the percentage of women working at this enterprise per August 31, 2014?
Percentage of women of total persons %

19 How many employees working at this enterprise/foundation are registered at SVB and are on the payroll per August 31, 2014?

Total

19 **A** If q19 was unknown fill in q19a

How many employees working at this enterprise/foundation are registered at SVB and are on the payroll per August 31, 2014? Please indicate in the categories provided:
 0 5-9 50-149
 1-2 10-19 >=150
 3-4 20-49

19 **B** How many women working at this enterprise/foundation are registered at SVB and are on the payroll per August 31, 2014?

Total working women

19 **C** If q19b was unknown fill in q19c

What is the percentage of women working at this enterprise/foundation who are registered at SVB and are on the payroll per August 31, 2014?
Percentage of women of total persons %

19 **D** What was the amount of wages and salaries paid for the month of August 2014 to employees working at this enterprise/foundation who are registered at SVB and are on the payroll?

i INCLUDE: bonuses, gratifications and the values of any social contributions, income taxes, ... payable by the employees.
Afl , 00

19 **E** If q19d was unknown fill in q19e

What was the amount of wages and salaries paid by this enterprise/foundation for the month of August 2014? Please indicate in the categories provided:
 1) 0 - 2,000 7) 20,001 - 35,000
 2) 2,001 - 4,000 8) 35,001 - 70,000
 3) 4,001 - 6,000 9) 70,001 - 150,000
 4) 6,001 - 9,000 10) 150,001 - 500,000
 5) 9,001 - 12,500 11) 500,001 - 1,000,000
 6) 12,501 - 20,000 12) > 1,000,000

19 F What was the amount of wages and salaries paid for **the year 2013** to employees working at this enterprise/foundation who are registered at SVB and are on the payroll?

+ Afl

20 F What is the amount of money proprietors and family workers, not on payroll, allocated to themselves for **the year 2013**?

Afl

19 G *If q19f was unknown fill in q19g*
 What was the amount of wages and salaries paid by this enterprise/foundation for **the year 2013**? Please indicate in the categories provided:

1) 0 - 24,000 7) 240,001 - 420,000
 2) 24,001 - 48,000 8) 420,001 - 840,000
 3) 48,001 - 72,000 9) 840,001 - 1,800,000
 4) 72,001 - 108,000 10) 1,800,001 - 6,000,000
 5) 108,001 - 150,000 11) 6,000,001 - 12,000,000
 6) 150,001 - 240,000 12) > 12,000,000

20 G *If q20f was unknown fill in q20g*
 What is the amount of money proprietors and family workers, not on payroll, allocated to themselves for **the year 2013**? Please indicate in the categories provided:

1) 0 - 24,000 7) 240,001 - 420,000
 2) 24,001 - 48,000 8) 420,001 - 840,000
 3) 48,001 - 72,000 9) 840,001 - 1,800,000
 4) 72,001 - 108,000 10) 1,800,001 - 6,000,000
 5) 108,001 - 150,000 11) 6,000,001 - 12,000,000
 6) 150,001 - 240,000 12) > 12,000,000

20 How many proprietors and family workers, not on the payroll, are working in this enterprise/foundation per August 31, 2014?

➔ EXCLUDE: freelancers, day laborers and temporary workers

Total proprietors and family workers not on payroll

21 What percentage of the total revenue of the last 12 months of this enterprise/foundation can be attributed to visitors?

Revenue: proceeds of a company from the sales of goods and services.
Visitor: an individual taking a trip or a visit, outside his/her usual environment (e.g. country of residence), for less than a year, for a business, leisure or other personal purpose, other than to be employed by a resident in the country or place visited.

Percentage %
 Calculated total percentage of revenue that can be attributed to visitors.

20 A *If q20 was unknown fill in q20a*
 How many proprietors and family workers, not on the payroll, are working in this enterprise/foundation per August 31, 2014? Please indicate in the categories provided:

0 5-9
 1-2 >=10
 3-4

22 Does this enterprise/foundation provide accommodation services to visitors?

Yes No **GO TO 29**

20 B How many women working in this enterprise/foundation per August 31, 2014 are proprietors and family workers, not on the payroll?

Total working women

23 How many rooms are available to be rented to visitors?

Room(s) +

20 C *If q20b was unknown fill in q19c*
 What is the percentage of women working at this enterprise/foundation per August 31, 2014 who are proprietors and family workers, not on the payroll?

Percentage of women of total persons %

24 How many bed places are available to visitors (number of persons that can sleep in these rooms (per night))?

Bed_places/ Person(s)

25 What percentage of the total revenue of the last 12 months of this enterprise/foundation can be attributed to the public sector?

Revenue: proceeds of a company from the sales of goods and services.
Public sector: includes general government (including AZV, SVB, DOW,..) and public companies and foundations (including SETAR, ELMAR, WEB, SKOA, SMOA, ATA, Hospital,..).

Percentage %
 Calculated total percentage of revenue that can be attributed to the public sector.

20 D What is the amount of money proprietors and family workers, not on payroll, allocated to themselves for the **month of August 2014**?

Afl

VACANCIES

20 E *If q20d was unknown fill in q20e*
 What is the amount of money proprietors and family workers, not on payroll, allocated to themselves for the **month of August 2014**? Please indicate in the categories provided:

1) 0 - 2,000 6) 12,501 - 20,000 11) 500,001 - 1,000,000
 2) 2,001 - 4,000 7) 20,001 - 35,000 12) > 1,000,000
 3) 4,001 - 6,000 8) 35,001 - 70,000
 4) 6,001 - 9,000 9) 70,001 - 150,000
 5) 9,001 - 12,500 10) 150,001 - 500,000

26 Does this enterprise/foundation have any job vacancies for **the remainder of the year**?

Job Vacancy: an available job that has not been filled yet, the person has to be hired for at least 3 months and; actions have already been taken to fill the vacancy.

Number of vacancies
 Yes →
 No **GO TO 23**

27 With regards to the vacancy(ies) at this enterprise/foundation:
 Indicate the two most important **occupations**, the total number of persons needed and any preferences with regards to **gender and age**.

+ +

1 Occupation Total number of persons needed

Gender: Man Woman No preference
 Age: Min Max No preference

2 Occupation Total number of persons needed

Gender: Man Woman No preference
 Age: Min Max No preference

28 For an additional electronic survey, please indicate an email address of the person who answered this questionnaire:

Email

29 Contact information of person who answered questionnaire:

Name and telephone

30 Please provide a picture of the business card of the contact person if available:

i This instruction is valid for the questionnaire on the tablet not on paper.

END OF QUESTIONNAIRE

CBS THANKS YOU FOR YOUR CO-OPERATION

Comments:

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