


<b>CAF FORM 5</b> <b>AUTHORITY:</b> Section 2(c) of Commonwealth Act (CA) No. 591 authorizes the National Statistics Office to prepare for and undertake all censuses of population, agriculture, industry and commerce. <b>CONFIDENTIALITY:</b> Section 4 of CA No. 591 provides that all information furnished on this form are held STRICTLY CONFIDENTIAL.		<div><div>Republic of the Philippines <b>NATIONAL STATISTICS OFFICE</b></div><div>2012 CENSUS OF AGRICULTURE AND FISHERIES</div><div>CORE QUESTIONNAIRE FOR FISHERIES</div></div>		<div>75A</div> <div>5</div> <div>NSCB Approval No. NSO – 1218-05 Expires on October 9, 2013</div>									
<b>CERTIFICATION</b> I hereby certify that the data set forth herein were personally obtained/reviewed by me in accordance with the instructions given by the National Statistics Office.													
<b>ENUMERATOR</b> SIGNATURE OVER PRINTED NAME		<b>TEAM SUPERVISOR</b> SIGNATURE OVER PRINTED NAME		<b>DSO/SCO</b> SIGNATURE OVER PRINTED NAME									
<b>CO/RO/PO SUPERVISOR</b> SIGNATURE OVER PRINTED NAME													
DATE ACCOMPLISHED		DATE REVIEWED		DATE REVIEWED									
<b>SECTION A – FISHING OPERATION IDENTIFICATION</b>			<b>SECTION B – INTERVIEW RECORD</b>										
<div>L</div> <div>SHEET <div></div> OF <div></div> SHEETS</div> <div>PROVINCE</div> <div>CITY/ MUNICIPALITY</div> <div>BARANGAY</div> <div>ENUMERATION AREA NO.</div> <div>SEGMENT NO.</div> <div>BUILDING SERIAL NO.</div> <div>HOUSING UNIT SERIAL NO.</div> <div>HOUSEHOLD SERIAL NO.</div> <div>LINE NO. OF OPERATOR</div> <div>TYPE OF OPERATOR</div>			<div>DATE OF VISIT MONTH : DAY</div> <div>INTERVIEW TIME BEGAN HOUR:MINUTE</div> <div>INTERVIEW TIME ENDED HOUR:MINUTE</div> <div>RESULT OF VISIT*</div> <div>* Result of Visit Codes 1 Interview completed 2 Interview partly completed 3 Refused 4 Postponed 5 Household not around/ No respondent 6 Others, Specify</div>										
			<b>SUMMARY OF VISIT</b>										
			<div>TOTAL NUMBER OF VISITS</div> <div>RESULT OF FINAL VISIT*</div> <div>ENUMERATOR'S CODE</div> <div>NAME OF RESPONDENT</div> <div>LINE NO. OF RESPONDENT</div>										
<b>SECTION C – NAME OF OPERATOR/HIRED MANAGER</b>													
<div>COPY CORRECTLY THE NAME OF THE OPERATOR/ HIRED MANAGER FROM ITEM C2 (COL. 2) OF CAF F2</div> <div>C2 AND C3 ARE TO BE ASKED ONLY IF THE TYPE OF OPERATOR IS CODE 2 OR 3</div>													
<b>C1 NAME OF THE OPERATOR/HIRED MANAGER</b> <div>LAST NAME</div> <div>FIRST NAME</div>		<b>C2 What is the name of the employer/ establishment?</b> <div>NAME OF EMPLOYER/ESTABLISHMENT</div>		<b>C3 In what province and city/municipality is the address of the employer/ fishing establishment?</b> <table><tr><td>PROVINCE</td><td>CODE DO NOT FILL</td><td>CITY/MUNICIPALITY</td><td>CODE DO NOT FILL</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <div>Establishment Control Number (ECN) (DO NOT FILL, FOR NSO USE ONLY)</div> <div></div>		PROVINCE	CODE DO NOT FILL	CITY/MUNICIPALITY	CODE DO NOT FILL				
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<b>SECTION D – LEGAL FORM OF ORGANIZATION</b>													
<div>D1 From January to December 2012, did _____ operate the <b>fishing activity</b> as an individual proprietor, on partnership, as a corporation, as a cooperative, as a private institution, as a government corporation/institution or through other form of legal organization? WRITE X IN THE BOX</div> <div><div><div><input type="checkbox"/> 1 Individual proprietor</div><div><input type="checkbox"/> 2 Partnership</div><div><input type="checkbox"/> 3 Corporation</div></div><div><div><input type="checkbox"/> 4 Cooperative</div><div><input type="checkbox"/> 5 Other private institution</div><div><input type="checkbox"/> 6 Government corporation/institution</div></div><div><div><input type="checkbox"/> 7 Others, Specify</div></div></div>													