



SAMOA BUREAU OF STATISTICS
BUSINESS ACTIVITY SURVEY
For the year ended 31 December 2013



Confidential

GENERAL INSTRUCTIONS

Purpose of Survey

The purpose of this survey is to collect information about Private Sector Businesses, Public Bodies and Non Government Organisations in Samoa. The collected information will provide: (1) Baseline data for the Trade, Commerce and Manufacturing Sector, (2) Essential data for the review and update of National Accounts Benchmarks. These indicators will greatly assist government in further improving the policy environment for Businesses as well as targeted assistance for the private sector in Samoa.

Compulsory Requirement

All Businesses which receive this questionnaire are required by the Statistics Act 2015 to completely fill in the correct information.

Confidentiality of Information Supplied

Pursuant to Section 21 of the Statistics Act 2015, all information supplied in this questionnaire will remain strictly **CONFIDENTIAL**. This information will not be released in any form that will identify your Business.

Estimates

Please report values to the nearest Tala (SAT). If any of the items do not apply to your Business, enter "NA" (i.e. not applicable). If any of the requested figures are not available, please provide careful estimates. Write "estimates" next to each entry.

Accounting Dates

All information provided should as far as possible refer to the calendar year 2013 i.e. **FOR THE YEAR BEGINNING JANUARY 1 ENDING 31 DECEMBER 2013**. If the accounting year of your Business does not correspond to this period, please provide information for the year ending **PRIOR** to 31st December 2013. For example, if your accounting year is from October to September, please provide information for 1st October 2012 to the 30th September 2013.

Information, Help and Advice

If you would like any further information, clarification or advice in completing this questionnaire, please contact Ms Lilianetelani Leleimalefaga on telephone number 62017 or Mr Tanielu Isara on telephone number 62018 or email address fsd@sbs.gov.ws

Please complete the questionnaire and return it before the 29th May 2015 to the Samoa Bureau of Statistics – P.O. Box 1151, Government Building Apia, or contact the office to uplift the questionnaire from your office.

Muagututia S R Muagututia
GOVERNMENT STATISTICIAN

PART 1:GENERAL INFORMATION

1.1 Legal Organisation

Please tick () the appropriate box:

- ☐ 1. Sole Proprietor
- ☐ 2. Partnership
- ☐ 3. Incorporated Company
- ☐ 4. Statutory Authority
- ☐ 5. Branch of Overseas Company
- ☐ 6. NGO
- ☐ 7. Other (please specify) _____

1.2 Type of Ownership

Please tick () the appropriate box:

- ☐ 1. Private
- ☐ 2. Government
- ☐ 3. Part Private and part Government

1.3 Origin of Ownership (at the end of the period covered in this questionnaire)

- 1. Local Shares _____%
- 2. Foreign Shares _____%

1.4 Type of Activity

Please describe briefly the principal activity of this establishment: (For example, Retail Store, Building Construction, Law Firm, Business Mgmt Consultancy)

1.5 Physical location of this establishment

- 1. Village _____
- 2. Faipule District _____

Office use (Village)

☐☐

Office use (District)

☐☐

1.6 Period Covered in this Questionnaire

From/...../..... To/...../.....

If the period covered is not a 12 month period, please explain why?

.....

.....

.....

PART 2: EMPLOYMENT

| | | Numbers Employed at 31 December 2013 (including those absent on paid leave) | | Total Salaries and wages paid during 2013 (Gross – i.e. before income tax and deductions) | |
|-----|--|---|--------|---|----------------------------------|
| | | Male | Female | Cash (\$) | In-Kind(monetary value of goods) |
| 2.1 | Working Proprietors | | | | |
| 2.2 | Regular / Full – Time Workers | | | | |
| 2.3 | Part – Time / Casual / Daily – Paid Workers | | | | |
| 2.4 | Unpaid Family Workers | | | | |
| 2.5 | Expatriate Workers | | | | |
| 2.9 | Total | | | | |

2.10 Office Use only: Pay NPF Contribution/s.

Yes ☐

No ☐

NOTES

- a) **Working Proprietors:** Include all individual proprietors and partners actively engaged in the work of the establishment. **Expatriate** working proprietors should be included under Working Proprietors and **not** under Expatriate Workers.
- b) **Regular/Full-time Workers:** Include all persons (other than expatriates) working for the establishment and receiving payments in cash or in kind.
- c) **Part-time/Casual/Daily-paid Workers:** Include all persons who are not full-time/regular workers but are working for the establishment and receiving payments in cash or in kind.
- d) **Unpaid Family Workers:** Include all persons working without regular pay and for at least one third of the normal working week.
- e) **Expatriates:** Include all foreign workers who have not acquired Samoa citizenship **except** if they are working proprietors
- f) **Salaries and wages:** These should cover all payments, whether in cash or in kind paid to employees in return for the provision of their labour. Please **include** the following items: bonuses, gratuities, commissions, sick pay, holiday pay, and director's fees. **Include** the drawings of working proprietors. **Exclud** employer contributions to National Provident Fund (NPF) and Accident Compensation Board (ACB).

PART 3:INCOME

(Please state the amounts clearly whether they are in millions or thousands)

- 3.1 Sales of goods purchased for resale** without further processing
Please specify Main type: _____
- 3.2 Sales of goods produced** (e.g. concrete blocks, beer, coconut cream)
Please specify main type: _____
- 3.3 Income from services** (e.g. contract and commission revenue, meals, Maintenanceand repair of motor vehicles, TVs, fridges, clocks, etc.)*Please Specify main type:* _____
- 3.4 Income from rental/lease/hire** of buildings, machinery & equipment - exclude rental/lease of land see 3.7 below) *Please specify main type:* _____
- 3.5 Interest earned** on bank deposits, investment etc.
- 3.6 Government subsidies and grants** received
- 3.7 Other operating income** (e.g. dividends received, management Fees, Rent and lease of land) *Please specify main type:* _____
- 3.8 Non operating income** (e.g. foreign exchange gains, gains on sale of Assets, revaluation of financial and capital assets and insurance recoveries etc) *Please specify main type:* _____
- 3.9 TOTAL INCOME**

\$

| |
|--|
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| |

PART 4: EXPENSE

(Please state the amounts clearly whether they are in millions or thousands)

- 4.1 Purchases of goods bought for resale** without further processing.

Please specify main type: _____

- ## 4.2 Purchases of Raw Materials and Supplies

- ### 4.3 Electricity Bills

- #### 4.4 Water Bills

- #### 4.5 Communication (phone, fax, internet, postage)

- #### 4.6 Motor vehicle running expenses (fuel for business vehicles only)

- ## 4.7 Repairs and Maintenance

- ## 4.8 Promotion & Marketing

- #### 4.9 Interest paid on loans

- 4.10 Taxes** paid on products (e.g. import duty and excise, Domestic excise;

- #### 4.11 Licenses, rates and other fees paid to Government

- #### 4.12 Depreciation on buildings and other fixed tangible assets

- #### 4.13 Salaries and Wages

- 4.14 NPF Contributions** by employer (include also any employer Contribution to other pension and superannuation funds)

- #### 4.15 Levies paid by employer to ACC

- #### 4.16 Rent/Lease of Land

- 4.17 Other-Operating Expense** (e.g. manufacturing and processing charges, rental/leasing/hiring expenses (except for land) insurance premiums, freight and cartage, bad debts, donations and grants, research and development)

Please specify main item: _____

- 4.18 Non Operating Expenses** (Grants, Foreign Exchange losses on Sale or Revaluation of Financial and Capital Assets)

Please specify main item: _____

- #### 4.19 TOTAL EXPENSES

PART 5:STOCKS

(Please state the amounts clearly whether they are in millions or thousands)

| | | Opening Stocks at 1 st January 2013 (\$) | Closing Stocks at 31 st December 2013 (\$) |
|-----|--|--|--|
| 1 | 2 | 3 | 4 |
| 5.1 | Stock of Goods Purchased for Resale | | |
| 5.2 | Stock of Finished Goods | | |
| 5.3 | Stock of Raw Materials and Work in Progress | | |
| 5.9 | TOTAL STOCK | | |

PART 6: FIXED ASSETS (NON FINANCIAL ASSETS)

Include all assets whether new or second hand, with a productive life of more than one year; include capital work carried out by own employees for own use or for rental or lease.

| | | Opening book value as at 1 st January 2013 | Additions to Fixed Assets during year (\$) | Own Account Capital Formation | Disposals of Fixed Assets during year | Depreciation | Closing book value (i.e. total value of fixed assets minus depreciation) as at 31 st December 2013 |
|-----|---|---|--|-------------------------------|---------------------------------------|--------------|---|
| 1 | | 2 | 3 | 4 | 5 | 6 | 7 |
| 6.1 | Land | | | | | | |
| 6.2 | Building | | | | | | |
| 6.3 | Plants and Machinery | | | | | | |
| 6.4 | Furniture, fixtures, and office equipment | | | | | | |
| 6.5 | Transport vehicles and related equipments | | | | | | |
| 6.6 | Others: Please Specify | | | | | | |
| 6.9 | Total Fixed Assets | | | | | | |

PART 7: FINANCIAL ASSETS (STOCKS)

(Please state the amounts clearly whether they are in millions or thousands)

| | | Opening Financial Balance as at 1 st January 2013 \$ | Closing Financial Balance as at 31 st December 2013 \$ |
|-----|-------------------------------|--|--|
| 1 | 2 | 3 | 4 |
| 7.1 | Operating Accounts | | |
| 7.2 | Investing Accounts | | |
| 7.3 | Financing | | |
| 7.9 | Total Financial Assets/Stocks | | |

SUPPLEMENTARY QUESTIONS

PART 8: BUSINESS ENVIRONMENT

8.1 Please tick (✓) Only the Relevant Issues having a Negative Impact on your Business:

- | | |
|---|--------------------------|
| 1. Access to Credit (Security) | <input type="checkbox"/> |
| 2. Access to Land | <input type="checkbox"/> |
| 3. Access to Electricity | <input type="checkbox"/> |
| 4. Access to Water | <input type="checkbox"/> |
| 5. Access to Training | <input type="checkbox"/> |
| 6. Slow Process for Government Payments on Services Rendered/Goods Sold | <input type="checkbox"/> |
| 7. Delay in Clearance of Goods from the Airport and Wharf | <input type="checkbox"/> |
| 8. Timely Assistance from the Ministry of Commerce Industry and Labour | <input type="checkbox"/> |
| 9. Timely Assistances from Inland Revenue | <input type="checkbox"/> |
| 10. Slow Issuance of Building Permits | <input type="checkbox"/> |
| 11. Slow Recovery of Debts for Services Rendered/Goods Sold | <input type="checkbox"/> |
| 12. Lack of Skilled Workers | <input type="checkbox"/> |
| 13. Lack of Honest Workers | <input type="checkbox"/> |
| Other – | |
| Please specify..... | <input type="checkbox"/> |

8.2 Please RANK the following Fees & Charges that are significant to your Business Operations. (Assign a number from the below table, with 7 being *Very High* to 1 being *Very Low* to each Fee. Write “NA” if not applicable)

- | | |
|-------------------------------|--------------------------|
| Rank | |
| 1. Lending Interest Rates | <input type="checkbox"/> |
| 2. Transport Cost | <input type="checkbox"/> |
| 3. Shipping/Freight Charges | <input type="checkbox"/> |
| 4. Electricity Costs | <input type="checkbox"/> |
| 5. Water Rates | <input type="checkbox"/> |
| 6. Vehicle Registration Costs | <input type="checkbox"/> |
| 7. Business License | <input type="checkbox"/> |
| 8. Liquor License | <input type="checkbox"/> |
| 9. Marketing and Promotion | <input type="checkbox"/> |
| 10. Telecommunication Fees | <input type="checkbox"/> |
| Other – | |
| Please specify..... | <input type="checkbox"/> |

Please select one from the options below to rank your views on the above question.

- | | | |
|---------------|--------------------|-----------|
| 1 = Excellent | 4 = Not Applicable | 7 = Worse |
| 2 = Very Good | 5 = Bad | |
| 3 = Good | 6 = Very Bad | |

PART 9: BUSINESS ASSISTANCE

9.1 Did your Business expand in 2013? (Expansion includes additional machinery, labour or new establishment)

1. Yes ☐ Go to Q9.1 (a)

2. No ☐ Go to Q9.1 (b)

9.1 (a) Please indicate how it was financed (Sourced)

1. Own Savings ☐

2. Family Contribution ☐

3. Bank (Loan) ☐

4. Other – Grant ☐

9.1 (b) Did your Business receive any Technical Assistance since 2013?

1. Yes ☐

2. No ☐

If Yes please explain the type and Nature of the Technical Assistance?

.....

.....

9.2 Is your business a member of any of the following Associations? - Please tick (✓) the appropriate box provided.

| | | YES | NO |
|--------------------------|--|-----|----|
| 1 | Samoa chamber of Commerce | | |
| 2 | Samoa Association of Manufacturers and Exporters | | |
| 3 | Samoa Hotels Association | | |
| 4 | Small Business Enterprise Centre | | |
| 5 | Savaii Business Association | | |
| Others (Please Specify): | | | |
| | | | |
| | | | |

9.3 Are you aware of the following Agreements and Assistance Programs? - Please tick (✓) the appropriate box provided.

| | | YES | NO |
|---|--|-----|----|
| 1 | PICTA (<i>Pacific Islands Countries Trade Agreement</i>) | | |
| 2 | PACER plus (<i>Pacific Agreement on Closer Economic Relations</i>) | | |
| 3 | WTO- World Trade Organization | | |
| 4 | Export Development Scheme | | |
| 5 | PSSF- Private Sector Support Facility | | |
| 6 | EIF (Enhanced Integrated Facility) | | |

PART 10: MANUFACTURERS ONLY –
“Production of Selected Industrial Products”

Please Quantify the Production of the following products if applicable. If not applicable, write “NA”.

| Please Quantity the Production of the following products if applicable. If not applicable, write "NA". | | | | | | | | | |
|--|-------------------------------|------------------|-----------------------|----------|---------------|----------|---------------|----------------------------|------------------------------|
| | Product | Unit of Quantity | Quantity Sold in 2013 | | | | | Value of Sales during 2013 | % 'age of Imported Materials |
| | | | Domestic | | Export | | | | |
| | | | | Quantity | Value (SAT\$) | Quantity | Value (SAT\$) | Export Market | Total Value (SAT \$) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | Beer | hectalitres | | | | | | | |
| 2 | Cigarettes | kg | | | | | | | |
| 3 | Tobacco | kg | | | | | | | |
| 4 | Soft Drinks | hectalitres | | | | | | | |
| 5 | Ice Cream | liters | | | | | | | |
| 6 | Sausages | kg | | | | | | | |
| 7 | Coconut Oil | metric tons | | | | | | | |
| 8 | Fruit Juices | liters | | | | | | | |
| 9 | Coconut Cream | liters | | | | | | | |
| 10 | Salted Beef | kg | | | | | | | |
| 11 | Snacks including Taro, Banana | kg | | | | | | | |
| 12 | Honey | kg | | | | | | | |
| 13 | Concrete Finishing | blocks | | | | | | | |
| 14 | Paints | liters | | | | | | | |
| 15 | Toilet Tissue | rolls | | | | | | | |
| 16 | Ready Mix Concrete | kg | | | | | | | |
| 17 | Roofing Iron | feet | | | | | | | |
| 18 | Water Tank | liters | | | | | | | |
| | Others - Please Specify | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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PART 11: GARMENT & TEXTILE INDUSTRY ONLY

This section includes Businesses involved in the Printing of Fabrics (Elei), Importations and Sale of Textiles & Garments, Manufacturing of Garments for Resale as well as the Provision of Tailoring services.

11.1 Is your Business Involved in any of the following activities?

Printing of Fabric (Elei)
Textile Retailing
Tailoring Services
Second-Hand Retailing

☐
☐
☐
☐

11.2 Please Quantify the Production of the following products if applicable. If not applicable, write "NA".

| | Product | Unit of Quantity | Quantity Sold in 2013 | | | | | Value of Sales during 2013 | % 'age of Imported Materials |
|---|---------------------------|------------------|-----------------------|---------------|----------|---------------|---------------|----------------------------|------------------------------|
| | | | Domestic | | Export | | | | |
| | | | Quantity | Value (SAT\$) | Quantity | Value (SAT\$) | Export Market | Total Value (SAT \$) | Percentage (%) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | Printing of Fabric (Elei) | Yards | | | | | | | |
| 2 | Textile Retailing | kg | | | | | | | |
| 3 | Tailoring Services | Number of Pieces | | | | | | | |
| 4 | Second-Hand Retailing | kg | | | | | | | |

Name of the person

Supplying the information:.....Position:.....

Telephone Number:..... Fax Number:.....

Email address: P.O Box

Signature:.....

Optional Question: Approximately how many hours did you spend collecting the data and completing this questionnaire?

Hours:

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.

If you would like to make any further comments to help us interpret the information you have given, please do so below:

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