

<div>CAF FORM 4</div> <div>AUTHORITY: 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.</div> <div>CONFIDENTIALITY: Section 4 of CA No. 591 provides that all information furnished on this form are held STRICTLY CONFIDENTIAL.</div>		<div><div><div><div></div></div><div>Republic of the Philippines</div><div>NATIONAL STATISTICS OFFICE</div></div><div>2012 CENSUS OF AGRICULTURE AND FISHERIES</div><div>CORE QUESTIONNAIRE FOR AQUACULTURE</div></div>		<div>44A</div> <div>4</div> <div>NSCB Approval No. NSO – 1218-04 Expires on October 9, 2013</div>																													
<div>CERTIFICATION</div> <div>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.</div> <table><tr><td>ENUMERATOR</td><td>TEAM SUPERVISOR</td><td>DSO/SCO</td><td>CO/RO/PO SUPERVISOR</td></tr><tr><td>SIGNATURE OVER PRINTED NAME</td><td>SIGNATURE OVER PRINTED NAME</td><td>SIGNATURE OVER PRINTED NAME</td><td>SIGNATURE OVER PRINTED NAME</td></tr><tr><td>DATE ACCOMPLISHED</td><td>DATE REVIEWED</td><td>DATE REVIEWED</td><td>DATE REVIEWED</td></tr></table>						ENUMERATOR	TEAM SUPERVISOR	DSO/SCO	CO/RO/PO SUPERVISOR	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME	DATE ACCOMPLISHED	DATE REVIEWED	DATE REVIEWED	DATE REVIEWED																
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<div>SECTION A – AQUACULTURE OPERATION IDENTIFICATION</div> <div><div>SHEET<div></div> OF <div></div> SHEETS</div><div><div>PROVINCE</div><div>CITY/MUNICIPALITY</div><div>BARANGAY</div><div>ENUMERATION AREA NO.</div><div>SEGMENT NUMBER</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><div><div>ITEM C1 (COLUMN 1) OF CAF FORM 2</div><div>ITEM C13 (COLUMN 13) OF CAF FORM 2</div></div></div>			<div>SECTION B – INTERVIEW RECORD</div> <table><tr><td></td><td>VISIT 1</td><td>VISIT 2</td><td>VISIT 3</td></tr><tr><td>DATE OF VISIT MONTH : DAY</td><td><div></div><div></div><div></div></td><td><div></div><div></div><div></div></td><td><div></div><div></div><div></div></td></tr><tr><td>INTERVIEW TIME BEGAN HOUR:MINUTE</td><td><div></div><div></div></td><td><div></div><div></div></td><td><div></div><div></div></td></tr><tr><td>INTERVIEW TIME ENDED HOUR:MINUTE</td><td><div></div><div></div></td><td><div></div><div></div></td><td><div></div><div></div></td></tr><tr><td>RESULT OF VISIT*</td><td><div></div></td><td><div></div></td><td><div></div></td></tr><tr><td colspan="4"><div>* Result of Visit Codes</div><div>1 Interview completed</div><div>2 Interview partly completed</div><div>3 Refused</div><div>4 Postponed</div><div>5 Household not around/No respondent</div><div>6 Others, Specify</div></td></tr><tr><td colspan="4"><div>SUMMARY OF VISIT</div><div><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></div></td></tr></table>				VISIT 1	VISIT 2	VISIT 3	DATE OF VISIT MONTH : DAY	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	INTERVIEW TIME BEGAN HOUR:MINUTE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	INTERVIEW TIME ENDED HOUR:MINUTE	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	RESULT OF VISIT*	<div></div>	<div></div>	<div></div>	<div>* Result of Visit Codes</div> <div>1 Interview completed</div> <div>2 Interview partly completed</div> <div>3 Refused</div> <div>4 Postponed</div> <div>5 Household not around/No respondent</div> <div>6 Others, Specify</div>				<div>SUMMARY OF VISIT</div> <div><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></div>			
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<div>SECTION C – NAME OF OPERATOR/HIRED MANAGER</div> <div><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><table><tr><td rowspan="3"><div>C1 NAME OF THE OPERATOR/HIRED MANAGER</div><div>LAST NAME</div><div>FIRST NAME</div></td><td rowspan="3"><div>C2 What is the name of the employer/ establishment?</div><div>NAME OF EMPLOYER/ESTABLISHMENT</div></td><td colspan="4"><div>C3 In what province and city/municipality is the address of the employer/aquacultural establishment?</div><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></td></tr></table></div>						<div>C1 NAME OF THE OPERATOR/HIRED MANAGER</div> <div>LAST NAME</div> <div>FIRST NAME</div>	<div>C2 What is the name of the employer/ establishment?</div> <div>NAME OF EMPLOYER/ESTABLISHMENT</div>	<div>C3 In what province and city/municipality is the address of the employer/aquacultural establishment?</div> <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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<div>SECTION D – LEGAL FORM OF ORGANIZATION</div> <div><div>D1 From January to December 2012, did _____ operate the aquacultural activity 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><div></div><div>1 Individual proprietor</div></div><div><div></div><div>2 Partnership</div></div><div><div></div><div>3 Corporation</div></div><div><div></div><div>4 Cooperative</div></div><div><div></div><div>5 Other private institution</div></div><div><div></div><div>6 Government corporation/institution</div></div><div><div></div><div>7 Others, Specify</div></div></div></div></div>																																	