

NAME OF ESTABLISHMENT _____

MONTH AND YEAR OF REFERENCE _____

ARRIVALS								
1. Number of Foreign Residents	▶	<input type="text"/>						
2. Number of Maltese Residents	▶	<input type="text"/>						
GUEST NIGHTS								
3. Number of nights spent by Foreign Residents	▶	<input type="text"/>						
4. Number of nights spent by Maltese Residents	▶	<input type="text"/>						
ROOM NIGHTS								
5. Number of room nights sold to Foreign Residents	▶	<input type="text"/>						
6. Number of room nights sold to Maltese Residents	▶	<input type="text"/>						
BEDROOMS								
7. Number of bedrooms	▶	<input type="text"/>						
BEDPLACES								
8. Number of bedplaces available	▶	<input type="text"/>						
CLOSURE								
9. Number of days establishment was closed during the month	▶	<input type="text"/>						
<p>I hereby declare that the information in this return is complete and correct to the best of my knowledge and belief.</p> <p>Name and Surname _____ Signature _____</p> <p>Position Held _____ Tel. No. _____</p> <p>Date <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center; font-size: small;">DD</td> <td style="text-align: center; font-size: small;">MM</td> <td style="text-align: center; font-size: small;">YYYY</td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px; text-align: center;">2014</td> </tr> </table> E-mail address _____</p>			DD	MM	YYYY			2014
DD	MM	YYYY						
		2014						

STRICTLY CONFIDENTIAL WHEN COMPLETE

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