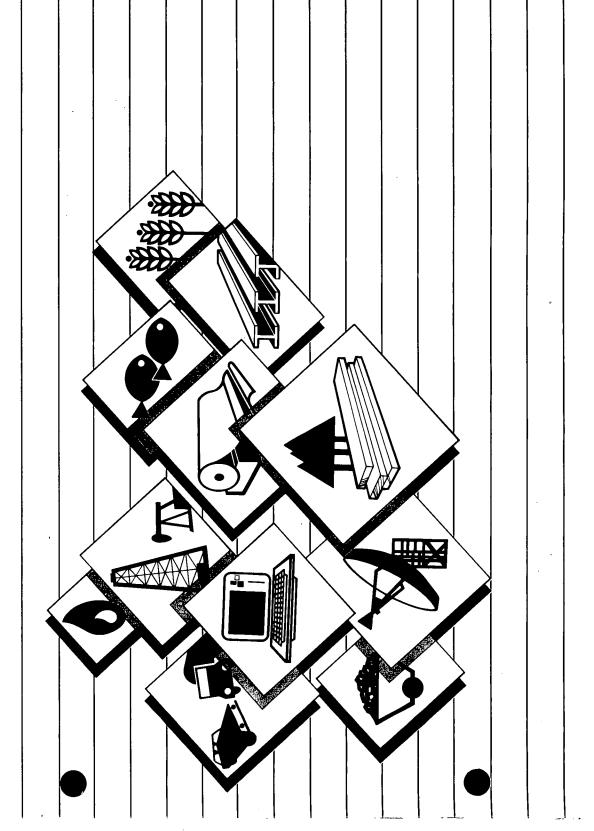


TRACKING SYSTEM



## CANADAN BUSINESS VISITORS IN COPTACT WITH MISSION DURING REPORTING PERIOD

| NAME AND TITLE | ORGANIZATION | PURPOSE OF VISIT |  |  |  |
|----------------|--------------|------------------|--|--|--|
|                |              |                  |  |  |  |
| 1.             |              |                  |  |  |  |
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|---|--------------------------------------|-----------------------|---------------|----------------|----------------------------|--|--|-------------------------------------|--|---------------------|------------------|--|
| NOTE: IF INSUFFICIENT SPACE PLEASE USE EXTRA FORMS PROVIDED               |                                      |                       |               |                |                            |  |  |                                     |  |                     |                  |  |
| BUSINESS ACTIVITY FORM  |                                      |                       |               |                |                            | MISSION  |  |                                     |  |                     |                  |  |
|   |                                      |                       |               |                |                            | COUNTRY  |  |                                     |  |                     |                  |  |
|   |                                      |                       |               |                |                            |  | REPORTING PERIOD                             |                                     |  |                     |                  |  |
|   |                                      |                       |               |                |                            |  |  | RIL SEPTEN                          | JULY<br>1BER                                 | OCTOBER<br>DECEMBER | JANUARY<br>MARCH |  |
| NAME OF CANA  | ADIAN FIRM                           |                       |               | ,              |                            | NAME OF LOC  | CAL FIRM                                     |                                     |  |                     |                  |  |
| NAME OF   | F CONTACT                            |                       |               |                |                            | NAME OF C  | ONTACT                                       |                                     |  |                     |                  |  |
| CITY AND  | ND STREET<br>O PROVINCE<br>STAL CODE |                       |               |                |                            | ,  | ADDRESS                                      |                                     |  |                     |                  |  |
| SECTOR  |                                      |                       |               | SUB-SECTOR     |                            |  |  | PRODUCT<br>AND / OR<br>SERVICE      |  |                     |                  |  |
| NATURE<br>OF [<br>BUSINESS  | EXPORT SAL                           | : AGREEMENT           |               |                |                            | CENCING AGREEMENT  | NCING AGREEMENT                              |                                     | TECHNOLOGY TRANSFER TO CANADA FROM TERRITORY |                     |                  |  |
| ACTIVITY  | NEW BUYING                           | CONNECTION            | AGENCY AGREEM | ENT            | AN INVESTMENT IN TERRITORY |  | TECHNOLOGY TRANSFER FROM CANADA TO TERRITORY |                                     |  |                     |                  |  |
| NEW JOINT VENTURE INVESTMENT IN CANADA FROM TERRITORY                     |                                      |                       |               |                |                            |  |  |                                     |  |                     |                  |  |
| VALUE OF BUSIN  | NESS ACTIVIT                         | Y \$                  |               | DID MISSION PL | AY A ROL                   | E IN THIS ACTIVITY?  | · · · · · · · · · · · · · · · · · · ·        |                                     | YES  | s                   | NO               |  |
| IF YES, PROVIDE   | E BRIEF COMI<br>ATIONS / OBS         | MENTS /<br>ERVATIONS: |               |                |                            |  |  |                                     |  | _                   |                  |  |
| IF APPLICABLE,<br>IDENTIFY GOVERN-<br>MENT PROGRAMS/<br>OFFICES INVOLVED: |                                      | DE FAIR               |               | REGI           | ONAL OFFICE                | £  |  | INITIAL SOURCE<br>OF<br>INFORMATION |  |                     |                  |  |
|   |                                      | DE MISSION ISB        |               |                |                            |  | DISTRIBUTION<br>LIST OF                      |                                     |  |                     |                  |  |
|   | PEN                                  | ID .                  |               | ОТНЕ           | ER .                       | and the second s |  | THIS FORM                           |  |                     |                  |  |
|   | ·                                    |                       |               |                |                            |  |  |                                     | .1   |                     |                  |  |

NOTE: EXTRA COPIES OF S FORM ARE PROVIDED

MID-YEAR REVIEW

ESSENTIALLY UNCHANGED.

EXPORT AND INVESTMENT PROMOTION PROGRAM-QUARTERLY ACTIVITY AND RESULTS REPORT

## UPDATE ON RECENT TRADE AND ECONOMIC DEVELOPMENTS IN MISSION TERRITORY

THE MID-YEAR REVIEW PROVIDES THE OPPORTUNITY TO GIVE AN UPDATE TO HEADQUARTERS OF THE TRADE AND ECONOMIC OVERVIEW OF YOUR TERRITORY THAT YOU PROVIDED IN BRIEF NARRATIVE FORM IN SECTION I OF YOUR ANNUAL WORKPLAN. IF YOU FEEL THAT EVENTS OR TRENDS THAT HAVE OCCURRED SINCE THE SUBMISSION OF THE ANNUAL PLAN MAY HAVE IMPORTANT IMPLICATIONS FOR CANADIAN TRADE AND ECONOMIC INTERESTS IN YOUR TERRITORY AND THAT YOUR OVERVIEWS SHOULD BE CHANGED ACCORDINGLY, PLEASE PHOTOCOPY YOUR ORIGINAL OVERVIEW, MAKE THE NECESSARY CHANGES BY HAND AND ATTACH IT TO YOUR SECOND QUARTERLY REPORT (JULY-SEPT.) FOR FORWARDING TO HEADQUARTERS. PLEASE NOTE, HOWEVER, THAT IT IS NOT NECESSARY TO PROVIDE AN UPDATE IF CONDITIONS REMAIN

## other changes

IF YOU FEEL YOU WOULD LIKE TO MAKE MAJOR CHANGES TO ANY OTHER PART OF YOUR ANNUAL WORKPLAN IN ORDER TO ACCOUNT FOR CHANGES IN YOUR MISSION'S ENVIRONMENT PLEASE NOTE ON A SEPARATE PAGE THE SECTION AND QUESTION NUMBER IN THE PLAN, FOLLOWED BY A BRIEF DESCRIPTION OF THE CHANGE OR UPDATE YOU WOULD LIKE TO MAKE.