



QUESTIONNAIRE FOR GRASSROOTS PUBLISHERS

Kindly complete all fields as they are compulsory.

	Description	Publishers' Details
1.	Name of Publication:	
2.	Full Name of Proprietor/Publisher:	
3.	Brief description of the publication
4.	Publishing Dates (List) Jan - June <input type="checkbox"/> July - Dec <input type="checkbox"/>
5.	Areas of Circulation by Province:
6.	Areas of Circulation by Town/Suburb:
7.	Method/Systems of Distribution

	
8.	Print Invoice per Issue <i>(Kindly note that the ABC will need all the copies of print order and invoices on submission of data)</i>	<ul style="list-style-type: none"> Please attach all your print invoices
9.	Name of Printer : Contact Number : Contact Person :	<hr/> <hr/> <hr/>

ABC PRIMARY CONTACT PERSON

Please state the contact details of the Person responsible for keeping your records up to date:

10.	Surname:	
	First Name:	
	Title: (Mr, Mrs, Mr, Dr, Prof)	
	Designation:	
	I D Number:	
	Birthday Date:	
	Telephone Number:	
	Fax Number:	
	Cell Number:	
	E-mail Address:	

TRANSPARENCY YOU CAN SEE

Please return your questionnaire to:

Audit Bureau of Circulations

Fax: (011) 447 4253

E-mail: abc@abc.org.za