



UEN / Ref No :

Date :

NAME OF ESTABLISHMENT

ACT_CODE :

Registration Date :

SURVEY OF ESTABLISHMENTS (FORM L)

The main purpose of this survey is to obtain up-to-date basic information on establishments. The data will be used to update and maintain our Department's establishment directory.

This survey is conducted under Section 5 of the Statistics Act (Chapter 317). Your completed return will be kept in confidence in accordance with the Statistics Act. A copy of the Statistics Act is available in our website at <http://www.singstat.gov.sg/legislation/statact.html>.

Please return the completed questionnaire to our Department not later than _____ in the pre-addressed envelope or send through telefax at **6835 8984 / 6835 8991**.

For information or assistance, please contact any of the following officers-in-charge at Business Statistics Division:

Officers : Mdm Ang Kim Huey
Miss Ngoh Bee Hua

Tel : 6835 8947
6835 8950

E-mail : Gerard_LAU@singstat.gov.sg

Wong Wee Kim
Chief Statistician
Singapore

Please fill in the form with BLOCK letters.

SECTION A: ESTABLISHMENT PARTICULARS

1 Name of Establishment

2 Current Status of Establishment (Please tick '√' in the appropriate box.)

Establishment has not commenced operation since registration. (Please proceed to **Section D**)

Establishment is currently in operation.

Please state the date of commencement:

(YYYYMM)

Establishment was in operation and is currently inactive.

Please state the period when the establishment was active and proceed to **Section D**.

From:

(YYYYMM)

To:

(YYYYMM)

3 Business Address

Location where your business is being carried out

Building/House No:

Building Name:

Street Name:

Level:

Unit No:

Postal Code:

SECTION B: BUSINESS PARTICULARS

1 Current Employment

Total number of persons engaged

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(ie. Full-time and part-time paid employees, working proprietors/partners, working directors and unpaid family workers)

2 Annual Output or Operating Receipts for last accounting year

\$

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Please specify accounting period

From:

(YYYYMM)

To:

(YYYYMM)

3 Business Activity

(a) Major Business Activity (Please tick '√' in the appropriate box.)

- | | |
|--|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Real Estate Activities |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Rental Activities |
| <input type="checkbox"/> Wholesale/Distribution | <input type="checkbox"/> Leasing Activities |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Legal & Accounting Activities |
| <input type="checkbox"/> Land Transport | <input type="checkbox"/> Management & Management Consultancy Activities |
| <input type="checkbox"/> Water Transport | <input type="checkbox"/> Architectural & Engineering Activities |
| <input type="checkbox"/> Air Transport | <input type="checkbox"/> Technical Testing & Analysis Services |
| <input type="checkbox"/> Warehousing & Supporting Activities for Transport | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Post and Courier Activities | <input type="checkbox"/> Administrative & Support Services |
| <input type="checkbox"/> Hotels/Restaurants | <input type="checkbox"/> Education |
| <input type="checkbox"/> IT/Communications | <input type="checkbox"/> Health & Social Work |
| <input type="checkbox"/> Insurance & Financial Services | <input type="checkbox"/> Arts, Entertainment & Recreation |
| <input type="checkbox"/> Others, please specify: | |

(b) Description of Major Products/Services (List in order of importance)

1.
2.
3.

