



SSIC:	FORM QIS - DEQ Q1 2019
Attn:  Name of Establishment:	CONFIDENTIAL Date: UEN:
	For Official Use :  C: S_DEQ
Survey Ref No:  Please delete and insert the correct particulars for updating	S_NL S_DIA S_TOPUP

# Quarterly International Investment Survey First Quarter 2019

### **Purpose of Survey**

This survey collects information on foreign assets and liabilities of companies and on er entities incorporated or registered in Singapore for the <a href="Ist Quarter">1st Quarter</a> of year 2019. The aggregated data are used inputs for the compilation of the International Investment Position (IIP) and Balance of Payment (BOP). The strivey findings are available on our website at <a href="https://www.singstat.gov.sg/investment">https://www.singstat.gov.sg/investment</a>.

## Confidentiality

You are required to complete this survey under the Statistic Ac. (Chapter 317). Your completed return will be kept in confidence in accordance with the Statistics Act is available on our website at https://www.singstat.go...g/about-ss/statistics-act

#### Due Date and Modes of Submission

We would be grateful if you could return the completed questionnaire by addlessed envelope or fax by the stated date.

to our department in the pre-

## Assistance

If you have any quistions pertaining to the survey, or need assistance in completing the questionnaire, please contact the officer sin-charge at Business Statistics Division: (operating hours are: Monday to Friday, 8.30am to 5.00pm)

Officer 1:	Officer 2:	
Tel:	Tel:	
Fax:		
Email:		

You may also refer to our website for a list of frequently asked questions at http://www.singstat.gov.sg/business-surveys-faqs

Thank you for your cooperation.

Wong Wee Kim Chief Statistician Singapore

#### **SECTION A1: REPORTING INSTRUCTIONS** Reference Period and Positions Reporting Currency The opening and closing positions for Q1 2019 is: Please indicate the currency you are reporting: Opening Position Closing Position 31 Mar 2019 1 Jan 2019 Reporting Currency: Please indicate the closest positions that you are reporting: Please report the data in the nearest Thousand Dollars Opening: (\$'000)Closing: (MMYYYY) **SECTION A2: TRANSACTIONS WITH NON-RESIDENTS** Please tick the appropriate boxes regarding your transactions with Non-Residents No Yes Does your enterprise have any receivables / payables with non-residents amounting to more than S\$10 m? Does your enterprise have any equity investments in overseas subsidiaries or associates? Non-Residents This refers to: Persons whose main centre of economic interest is not in Singapore or whose residence in Singapore do not exceed one year Companies and other entities whose permanent or registered address is outside Singapore. Overseas branches, subsidiaries, associates or other affiliates of Singapore-registered companies or institutions. Please note that branches or subsidiaries of foreign companies located within Singapore are not considered as non-residents Net Profit / (Loss) after taxation This refers to net profit / loss after taxation before exceptional items. Exceptional items include: - Foreign exchange gains and losses Unrealised gains and losses from revaluation of fixed assets, investments and liabilities Realised gains and losses from disposal of assets or liabilities - Goodwill amortised Gains and losses arising from valuation changes - Provisions for bad or doubtful debts SECTION B: YOUR ENTERPRISE'S EQUITY 1a. For enterprise incorporated or registered in Singapore: Please report the following data pertaining to your enterprise. Net Profit / (Loss) after taxation Total Reserves Dividends Declared Opening Position as at Closing Position as at for Q1 2019 for Q1 2019 1 Jan 2019 31 Mar 2019 \$ '000 \$ '000 \$ '000 1b. For branches belonging to overseas company: Please report the following data pertaining to your branch. Equity section of the Balance Sheet Net Profit / (Loss) after taxation Closing Position as at 31 Mar 2019 for Q1 2019 \$ '000 \$ '000 **DECLARATION** I hereby declare that the information given is complete Person to contact if any query arises and correct to the best of my knowledge and belief. regarding this questionnaire: Name: Name: Designation: Designation: Email: Email: Tel Tel:

Please keep a copy of the completed form for your own records before submitting to us. Thank you for your assistance in completing this questionnaire.

Date