



SSIC:	FORM QIS - DEQ Q1 2020
Attn:	CONFIDENTIAL Date: UEN:
Name of Establishment:	For Official Use :
Survey Ref No:	
Please delete and insert the correct particulars for updating	

Quarterly International Investment Survey First Quarter 2020

Purpose of Survey

This survey collects information on foreign assets and liabilities of companies and other entities incorporated or registered in Singapore for the <u>1st</u> Quarter of year 2020. The aggregated data are used as in uts for the compilation of the International Investment Position (IIP) and Balance of Payment (BOP). The survey manges are available on our website at www.singstat.gov.sg/investment.

Confidentiality

You are required to complete this surver under the Statistice 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 on our website at www.singstat.gov.sg/who-we-are statistics-act.

Due Date and Modes of Submission

Please login using CorpPass and submit your survey return through our E-survey system at www.bizesurvey sing stats ow sg by 20 May 1920

Assistance

If you have an questions pertaining to the survey, or need assistance in completing the questionnaire, please contact the officers-in-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 www.singstat.gov.sg/business-surveys-faqs

Thank you for your cooperation.

Wong Wee Kim Chief Statistician Singapore

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DEQ FORM

Direct Equity with Non-Residents

SECTION A1: REPORTING INSTRUCTIONS

Reference Period and Positions

The opening and closing posit	tions for Q1 2020 is:	Please indicate the currency you ar	e reporti	ng:
Opening Position	Closing Position			
1 Jan 2020	31 Mar 2020	Reporting Currency :		
Please indicate the closest po Opening : Closing :	sitions that you are reporting:	Please report the data in the neare Dollars (\$ ' 000)	st Thous	sand
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, before exceptional items This refers to net profit / loss after taxation, before exceptional items. Exceptional items include: - Unrealised gains and losses from revaluation of fixed assets, investments and liabilities - Foreign exchange gains and losses - 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				

Reporting Currency

SECTION B: YOUR ENTERPRISE'S EQUITY

1a. For enterprise incorporated or registered in Singapore: Please report the following data pertaining to your enterprise.

Total Reserves as at start of Q1 2020	Total Reserves as at end of Q1 2020	Net Profit / (Loss) after taxation, before exceptional items for Q1 2020	Dividends Declared for Q1 2020
\$ '	000	\$ '000	\$ '000

1b. For branches belonging to overseas company: Please report the following data pertaining to your branch.

Total Equity	Net Profit / (Loss) after taxation, before exceptional items		
as at end of Q1 2020	for Q1 2020		
\$ '000	\$ '000		

DECLARATION

I hereby declare that the information given in this return is complete and correct to the best of my knowledge and belief.

Name:	Name:	
Designation:	Designation:	
Signature :	Email:	
Date :	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.