		STATISTICS SINGAPORE
SSIC: Attn:		FORM QIS - DEQ Q2 2019 CONFIDENTIAL Date:
Name of Establishmen	t:	UEN: For Official Use :
		C: S_DEQ S_NL
Survey Ref No: Please delete and insert the	e correct particulars for updating	S_DIA S_TOPUP

Quarterly International Investment Survey Second Quarter 2019

Purpose of Survey

This survey collects information on foreign assets and liabilities of companies and other entries incorporated or registered in Singapore for the <u>2nd</u> Quarter of year 2019. The aggregated data are used at increase for the compilation of the International Investment Position (IIP) and Balance of Payment (BOP). The survey indings are available on our website at https://www.singstat.gov.sg/investment.

Confidentiality

You are required to complete this survivy under the Statistics Act (Chapter 317). Your completed return will be kept in confidence in accordance with the Statistics Act Accopy of the Statistics Act is available on our website at https://www.singstat.gov.sg/abou-us/statistics-act

Due Date and Modes of Submission

We would be glatout if you could return the completed questionnaire by **24 Jul 2019** to our department in the preaddressed unvelope or fax by the state date.

Assistance

If you have an que tions pertaining to the survey, or need assistance in completing the questionnaire, please contact the officers incharge at Business Statistics Division: (operating hours are: Monday to Friday, 8.30am to 5.00pm)

Officer 1:	Officer 2:	
Tel:	Tel:	
101.	101.	
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

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Direct Equity with Non-Residents

SECTION A1:	REPORTING	INSTRUCTIONS
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Reference Period and Positions

The opening and closing positions for Q2 2019 is:		Please indicate the currency you are reporting:		
Opening Position	Closing Position			
1 Apr 2019	30 Jun 2019	Reporting Currency :		
Please indicate the closest por Opening : Closing :	sitions that you are reporting:	Please report the data in the neare (\$ ' 000)	est Thousand Dollars	
SECTION A2: TRANSACTIONS	WITH NON-RESIDENTS			
Please tick the appropriate boxes	s 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 e	equity investments in overseas sub	osidiaries or associates?		
Non-Residents				
This refers to: Persons whose main centre of a	economic interest is not in Singanore	or whose residence in Singapore do not exceed of	one vear	
	hose permanent or registered addres			
- 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				
	xation before exceptional items. Exce			
 Unrealised gains and losses from i - Realised gains and losses from dis 	revaluation of fixed assets, investmen	nts and liabilities - Foreign exchang - Goodwill amortis	ge gains and losses	
- Gains and losses arising from valu			ad 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		Net Profit / (Loss) after taxation	Dividends Declared	
Opening Position as at 1 Apr 2019 Closing Position as at 30 Jun 2019		for Q2 2019	for Q2 2019	
\$ '	000	\$ '000	\$ '000	

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

Equity section of the Balance Sheet	Net Profit / (Loss) after taxation
Closing Position as at 30 Jun 2019	for Q2 2019
\$ '000	\$ '000

DECLARATION

I hereby declare that the information given is complete and correct to the best of my knowledge and belief. Person to contact if any query arises regarding this questionnaire:

Name:	Name:	
Designation:	Designation:	
Email:	Email:	
Tel:	Tel:	
Date :		

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.