

SSIC:		FORM QIS - DEQ Q4 2019
Attn:		CONFIDENTIAL
		Date:
Name of Establishment:		UEN:
		For Official Use :
		C:
		S_DEQ
		S_NL
Survey Ref No:		S_DIA
		S_TOPUP
		5_10404
Please delete and insert the correct particulars for updating		

Quarterly International Investment Survey Fourth 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>4th</u> Quarter of year 2019. The aggregated data are us d as inouts for the compilation of the International Investment Position (IIP) and Balance of Payment (BOP). The survey indings are available on our website at www.singstat.gov.sg/investment.

Confidentiality

You are required to complete this survey under the Statistic, 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-ve-are statistics-act.

Due Date and Modes of Submission

We would be general if you could retarn the completed questionnaire by **23 Jan 2020** to our department in the preaddressed unvelope or fax by the stated date.

Assistance

If you have any que tions 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

<u>DEQ FORM</u>

Direct Equity with Non-Residents

SECTION A1: REPORTING INSTRUCTIONS

Reference Period and Positions

Opening Position	Closing Position
1 Oct 2019	31 Dec 2019

Reporting Currency

(\$ ' 000)

Please indicate the currency you are reporting:

Please report the data in the nearest Thousand Dollars

- Foreign exchange gains and losses

- Provisions for bad or doubtful debts

- Goodwill amortised

Reporting Currency :

Please indicate the closest positions that you are reporting:

penina :	

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

O

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:
- Unrealised gains and losses from revaluation of fixed assets, investments and liabilities
- Realised gains and losses from disposal of assets or liabilities
- Gains and losses arising from valuation changes

SECTION B: YOUR ENTERPRISE'S EQUITY

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

Total R	eserves	Net Profit / (Loss) after taxation	Dividends Declared
Opening Position as at 1 Oct 2019	Closing Position as at 31 Dec 2019	for Q4 2019	for Q4 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 Dec 2019	for Q4 2019
\$ '000	\$ '000

DECLARATION

Name: Designation: Email: Tel Date

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:	
Designation:	
Email:	
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.