



Date		FORM SOE 052015
Name of Establishment	UEN	CONFIDENTIAL
SSIC		Legal Organisation
Survey Ref No.	<input type="text"/>	Registration Date

SURVEY OF ESTABLISHMENTS

Purpose of Survey

This survey obtains up-to-date basic information on establishments to update and maintain our Department's establishment directory.

Confidentiality

This is a requisition for information under the Statistics Act (Chapter 317) and 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 <http://www.singstat.gov.sg/about-us/statistics-act>.

Due Date and Modes of Submission

We would be grateful if you could return the completed questionnaire by _____ to our Department through internet submission (E-survey) at <https://www.biz-esurvey.singstat.gov.sg/IBSS>. You can login using either (i) EASY / SingPass or (ii) Survey Ref No (as indicated above) and the one-time **survey PIN** (which you will receive in a separate letter as an added security measure). For more details on EASY / SingPass and submission via E-survey, please refer to the attached brochure. Alternatively, you may return the completed questionnaire to our Department in the pre-addressed envelope or fax by the stated date.

Assistance

If you have any questions pertaining to the survey, or need any assistance in completing the questionnaire, please contact the officers-in-charge at Business Statistics Division (operating hours are : Mon-Fri, 8.30am - 5pm) :

Officer :	Mdm Ang Kim Huey	Tel :	6835 8947
Email :	ang_kim_huey@singstat.gov.sg	Fax :	6835 8984 / 6835 8987
Supervisor :	Mr Gerard Lau	Tel :	6835 8997
Email :	gerard_lau@singstat.gov.sg		

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

Thank you for your cooperation.

Wong Wee Kim
Chief Statistician
Singapore

Please fill in the form with **BLOCK** letters.

SECTION A: ESTABLISHMENT PARTICULARS

1 Name of Establishment

2 If your firm is currently inactive:

Please state the date when your firm became inactive

(MMYYYY)

Please proceed to complete Section D "Declaration" on page 5.

3 Business Address (if different from the address on the cover page)

Location where your business is being carried out

Building/House No:

Building Name:

Street Name:

Level:

Unit No:

Postal Code:

4 Does your company have business operations (branches) at multiple locations in Singapore?

(Please '√' in the appropriate box.)

Yes

No

SECTION B: BUSINESS INFORMATION

For questions 1 to 3, please '√' in the appropriate box.

1 Does your company have or plan to have, within the next 12 months, foreign assets (e.g. overseas direct / portfolio investment) or liabilities?

Yes

No

2 Does your company engage in any trade in services with companies located overseas, including offshore merchandise (goods that do not enter Singapore)?

Yes

No

3 Does your company provide management and headquarters-related services and / or business expertise to operations in the Asia Pacific region and / or rest of the world?

Yes

No

SECTION C: BUSINESS ACTIVITY

If the principal activity (activity from which this business derives its main source of income) of your establishment is mining and quarrying, please answer questions 1 and 2.

Otherwise, please proceed to questions 3 and 4 on page 4.

1 Please indicate the business activities your company is engaged in (Please '√' all appropriate boxes below) and the corresponding percentage share of the total annual income of your establishment. Please ensure that the percentages add up to 100%.

- a) Stone quarrying _____ %
- b) Quarrying of sand and clay _____ %
- c) Crude petroleum and natural gas production _____ %
- d) Others (please specify) _____ %

2 Please indicate where the business activities of your company are carried out and the corresponding percentage share out of the total annual income of your establishment. Please ensure that the percentages add up to 100%.

- a) Singapore _____ %
- b) Overseas _____ %

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

- | | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Manufacturing | <input type="checkbox"/> | Real Estate Activities |
| <input type="checkbox"/> | Construction of Buildings | <input type="checkbox"/> | Legal Services |
| <input type="checkbox"/> | Construction of Civil Engineering Projects | <input type="checkbox"/> | Accounting Activities |
| <input type="checkbox"/> | Wholesale Trade | <input type="checkbox"/> | Head and Regional Offices |
| <input type="checkbox"/> | Retail Trade | <input type="checkbox"/> | Business Representative Offices |
| <input type="checkbox"/> | Land Transport | <input type="checkbox"/> | Business and Management Consultancy Activities |
| <input type="checkbox"/> | Water Transport | <input type="checkbox"/> | Architectural Activities |
| <input type="checkbox"/> | Air Transport | <input type="checkbox"/> | Engineering Activities |
| <input type="checkbox"/> | Warehousing and Supporting Activities for Transport | <input type="checkbox"/> | Technical Testing and Analysis Services |
| <input type="checkbox"/> | Restaurants, Cafes and Coffee Houses | <input type="checkbox"/> | Scientific Research and Development |
| <input type="checkbox"/> | Fast Food Outlets, Food Courts and Food Kiosks | <input type="checkbox"/> | Advertising |
| <input type="checkbox"/> | Stalls selling cooked food and prepared drinks | <input type="checkbox"/> | Market Research |
| <input type="checkbox"/> | Information and Communications | <input type="checkbox"/> | Administrative and Support Services |
| <input type="checkbox"/> | Financial Services Activities | <input type="checkbox"/> | Education |
| <input type="checkbox"/> | Insurance and Pension Funding | <input type="checkbox"/> | Health and Social Services |
| <input type="checkbox"/> | Fund Management Activities | <input type="checkbox"/> | Arts, Entertainment and Recreation Activities |
| <input type="checkbox"/> | Other activities, please specify: | | |

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

1.
2.
3.

SECTION D: DECLARATION

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

Name: Mr Mrs Mdm Miss

Designation:

Signature:

Date:

D D / M M / Y Y Y Y

Contact Person

Name: Mr Mrs Mdm Miss

Designation:

Main Tel:

DID:

Handphone:

Fax:

Email:

Company Website:

THANK YOU FOR YOUR CO-OPERATION