



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

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 4.

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

1 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: | | |

2 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