

## YEAR 2020 SBF MEMBERS' ANNUAL UPDATE FORM

Your company's current records with SBF are printed as follows. Please assist us to:

- verify and tick (✓) in the box for correct information
- update in spaces provided for inaccurate fields
- ensure no fields are left blank
- Fax the completed form to SBF at **6827 6801** or email us at [update@sbf.org.sg](mailto:update@sbf.org.sg). Thank you.

### PART A: COMPANY'S PARTICULARS

CORPORATE :  
MEMBERSHIP NO :  
UEN NO :

COMPANY'S NAME:			
REGISTERED ADDRESS:		TEL:	
		FAX:	
BILLING / CORRESPONDENCE ADDRESS:		TEL:	
		FAX:	
WEBSITE:		*PAID UP/ AUTHORISED SHARE CAPITAL: S\$ <i>For any changes in the share capital, please attach Company's bizfile.</i>	
CO. EMAIL:			

*\*Data was obtained from Accounting & Corporate Regulatory Authority (ACRA). For those in foreign currency, data has been converted to local currency based on prevailing rate.*

### PART B: COMPANY PROFILE

SSIC CODE 1: <i>(As per Bizfile)</i>		SSIC DESCRIPTION 1: <i>(As per Bizfile)</i>	
SSIC CODE 2: <i>(As per Bizfile)</i>		SSIC DESCRIPTION 2: <i>(As per Bizfile)</i>	
NATURE OF BUSINESS/BUSINESS ACTIVITY:			
STATE PRODUCTS/ SERVICES:			
ANNUAL TURNOVER: <b>S\$</b> <i>Please update according to company's most recent accounts. If figures for Year 2018 are not ready, please provide figures as per Year 2017.</i>	Year 2018:	FIXED ASSET INVESTMENT @ NET BOOK VALUE: <b>S\$</b> <i>The amount of asset cost (e.g. property, plant, and equipment) less accumulated depreciation.</i>	
	Year 2019:		
OWNERSHIP TYPE: <i>Please indicate Joint-venture, Local or *Foreign.</i>		% OF LOCAL EQUITY: <i>If company's ownership type is local, then the % of local Equity is 100%.</i>	
*COUNTRY OF INCORPORATION: <i>Applicable only if the ownership type is Foreign</i>		COUNTRY: <i>If company's ownership type is local, please indicate Country as Singapore. Otherwise please indicate the country of the company's ownership.</i>	

- Ownership Type: shareholders of companies

Thank you for updating and submitting the form.

<p>ENTITY TYPE (pls tick ✓):</p> <p><input type="checkbox"/> <sup>1</sup>SME                      <input type="checkbox"/> MNC</p> <p><input type="checkbox"/> Others: (pls state)</p> <p>_____</p> <p><sup>1</sup>SME: a commercial establishment that meets the following criteria:</p> <ul style="list-style-type: none"> <li>• Annual Sales Turnover of not more than S\$100 million; or</li> <li>• Employment size not exceeding 200 workers</li> </ul>	<p>EMPLOYMENT SIZE:</p> <p>Please indicate the total No. of employees.</p>
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COUNTRIES	PRESENCE OF COMPANY IN COUNTRY(IES) FOR <b>OVERSEAS BUSINESS ACTIVITIES</b> (You may select more than 1)	MARKET INTEREST OF YOUR COMPANY: (You may select more than 1)
Asia	<input type="checkbox"/>	<input type="checkbox"/>
Cambodia	<input type="checkbox"/>	<input type="checkbox"/>
China	<input type="checkbox"/>	<input type="checkbox"/>
Hong Kong	<input type="checkbox"/>	<input type="checkbox"/>
India	<input type="checkbox"/>	<input type="checkbox"/>
Indonesia	<input type="checkbox"/>	<input type="checkbox"/>
Japan	<input type="checkbox"/>	<input type="checkbox"/>
Korea	<input type="checkbox"/>	<input type="checkbox"/>
Malaysia	<input type="checkbox"/>	<input type="checkbox"/>
Myanmar	<input type="checkbox"/>	<input type="checkbox"/>
Philippines	<input type="checkbox"/>	<input type="checkbox"/>
Sri Lanka	<input type="checkbox"/>	<input type="checkbox"/>
Taiwan	<input type="checkbox"/>	<input type="checkbox"/>
Thailand	<input type="checkbox"/>	<input type="checkbox"/>
Vietnam	<input type="checkbox"/>	<input type="checkbox"/>
Africa, pls specify		
America, pls specify		
Europe, pls specify		
Middle East, pls specify		
Oceania, pls specify		
Others, pls specify		

Thank you for updating and submitting the form.

## PART C: CONTACT DETAILS

«debtor\_code»

1	<u>CEO/MD/GM</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:
2	<b>^AUTHORISED REPRESENTATIVE - ^ person who represents and votes on its company's behalf in all matters relating to SBF. For any change/new appointment of Authorised Representative, please send in the Authorised Representative update form. (available at <a href="http://www.sbf.org.sg">www.sbf.org.sg</a>)</b>	
	TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:
3	<b>^MAIN CONTACT PERSON - ^ person who corresponds with SBF and disseminates SBF information to all related company personnel</b>	
	TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:
4	<u>HR / IR RELATED ACTIVITIES</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:
5	<u>FEEDBACK (E.G GOVERNMENT POLICIES, REGULATIONS, FTAS ETC)</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:
6	<u>INDUSTRY RELATED ACTIVITIES</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:
7	<u>MARKET (COUNTRY) RELATED ACTIVITIES</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:
8	<u>BILLING</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:
9	<u>MARKETING</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:
10	<u>BUSINESS DEVELOPMENT</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:

Thank you for updating and submitting the form.

**PART D: MEMBERS' ENGAGEMENT PROGRAMMES**

Below are some of the existing services that SBF provides among the myriad list of benefits. Please *tick* (✓) below if you are interested in the following activities.

Collaboration with SBF (Partnerships/ Sponsorships/ Events)

Yes, I am interested to know more       No, I am not interested

Business Groups

Yes, I am interested to know more       No, I am not interested

Americas, Europe, Middle East, Africa & South Asia

ASEAN

China and North Asia

TITLE: Mr. / Ms. / Mrs. / Mdm	EMAIL:
NAME:	TEL:
DESIGNATION:	FAX:
	HP:

Name of Person who completed this form: \_\_\_\_\_

Designation: \_\_\_\_\_ Tel No.: \_\_\_\_\_

Email: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Thank you for updating and submitting the form.