

## YEAR 2022 SBF MEMBER 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
- email us at [update@sbf.org.sg](mailto:update@sbf.org.sg) by **11 Oct 2021**. 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:		<b>*PAID UP/ AUTHORISED SHARE CAPITAL:</b> <b>S\$</b> <i>For any changes in the share capital, please attach Company's BizFile.</i>	
COMPANY EMAIL:			

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

### PART B: COMPANY PROFILE

SSIC CODE 1: (As per BizFile)	<b>For any changes in SSIC Code 1, please attach Company's BizFile.</b>	SSIC DESCRIPTION 1: (As per BizFile)	<b>For any changes in SSIC Code 1, please attach Company's BizFile.</b>
SSIC CODE 2: (As per BizFile)	<b>For any changes in SSIC Code 2, please attach Company's BizFile.</b>	SSIC DESCRIPTION 2: (As per BizFile)	<b>For any changes in SSIC Code 2, please attach Company's BizFile.</b>
NATURE OF BUSINESS/BUSINESS ACTIVITY:			
STATE PRODUCTS/ SERVICES:			
<b>ANNUAL TURNOVER: S\$</b> <i>Please update according to company's most recent accounts. If figures for Year 2021/2020 are not ready, please provide figures as per Year 2019.</i>	Year 2021:  Year 2020:	<b>FIXED ASSET INVESTMENT @ NET BOOK VALUE: S\$</b> <i>The amount of asset cost (e.g. property, plant, and equipment) less accumulated depreciation.</i>	
<b>OWNERSHIP TYPE:</b> <i>Please indicate Joint-venture, Local or *Foreign.</i>		<b>% OF LOCAL EQUITY:</b> <i>If company's ownership type is local, then the % of local Equity is 100%.</i>	

Thank you for updating and submitting the form.

<p><b>*COUNTRY OF INCORPORATION:</b> Applicable only if the ownership type is Foreign</p>	<p><b>COUNTRY:</b> If company's ownership type is local, please indicate Country as Singapore. Otherwise please indicate the country of the company's ownership.</p>	
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- Ownership Type: shareholders of companies

<p><b>ENTITY TYPE (pls tick ✓):</b></p> <p><input type="checkbox"/> <sup>1</sup>SME      <input type="checkbox"/> MNC</p> <p><input type="checkbox"/> Others: (pls state)</p> <hr/> <p><i><sup>1</sup>SME: a commercial establishment that meets the following criteria:</i></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><b>EMPLOYMENT SIZE:</b></p> <p>Please indicate the total No. of employees.</p>
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COUNTRIES	PRESENCE OF COMPANY IN COUNTRY(IES) FOR OVERSEAS BUSINESS ACTIVITIES (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> NAME:  DESIGNATION:		EMAIL:  TEL: 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>			
	NAME:  DESIGNATION:	<i>For any change/new appointment, please send in the Authorised Representative update form. (available at <a href="http://www.sbf.org.sg">www.sbf.org.sg</a>)</i>	EMAIL:  TEL: HP:	<i>For any change/new appointment, please send in the Authorised Representative update form. (available at <a href="http://www.sbf.org.sg">www.sbf.org.sg</a>)</i>
3	<b>^MAIN CONTACT PERSON - ^ person who corresponds with SBF and disseminates SBF information to all related company personnel</b>			
	NAME:  DESIGNATION:		EMAIL:  TEL: HP:	
4	<u>HR / IR RELATED ACTIVITIES.</u> NAME:  DESIGNATION:		EMAIL:  TEL: HP:	
5	<u>INDUSTRY RELATED ACTIVITIES</u> NAME:  DESIGNATION:		EMAIL:  TEL: HP:	
6	<u>MARKET (COUNTRY) RELATED ACTIVITIES</u> NAME:  DESIGNATION:		EMAIL:  TEL: HP:	
7	<u>BILLING.</u> NAME:  DESIGNATION:		EMAIL:  TEL: HP:	
8	<u>MARKETING</u> NAME:  DESIGNATION:		EMAIL:  TEL: HP:	
9	<u>BUSINESS DEVELOPMENT</u> NAME:  DESIGNATION:		EMAIL:  TEL: HP:	

Thank you for updating and submitting the form.

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

Services by SBF

- Yes, I am interested to know more       No, I am not interested
- Internationalisation (GlobalConnect@SBF)
- Digitalisation/ Digital Transformation
- Jobs & Skills Capability Development/ Professional Conversion Programme (PCP)
- Industry 4.0 Human Capital Initiative (IHCI)
- Others:
- 

NAME:	EMAIL:
DESIGNATION:	TEL:
	HP:

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

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

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

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Thank you for updating and submitting the form.