

## YEAR 2010 SBF MEMBERS' 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 6801/6734 0610** or email us at [membership@sbf.org.sg](mailto:membership@sbf.org.sg) by **Tue, 27 Oct 2009**. Thank you.

### PART A: COMPANY'S PARTICULARS

MEMBERSHIP NO :  
REGISTRATION NO :

COMPANY'S NAME:			
REGISTERED ADDRESS:		TEL:	
		FAX:	
BILLING / CORRESPONDENCE ADDRESS:		TEL:	
		FAX:	
WEBSITE:		*PAID UP CAPITAL / AUTHORISED SHARE CAPITAL: S\$	
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. For any changes in the paid up capital, please attach supporting document lodged with ACRA.

### PART B: COMPANY PROFILE

INDUSTRY SECTOR: <i>Please update according to Company's industry sector if the above information is incorrect</i>			
<input type="checkbox"/> Oil & Gas <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Banking & Insurance <input type="checkbox"/> Logistics & Transportation <input type="checkbox"/> Services <input type="checkbox"/> Trading			
NATURE OF BUSINESS:			
SHORT DESCRIPTION OF PRODUCTS/ SERVICES:			
ANNUAL TURNOVER: S\$ <i>Please update according to company's most recent accounts. If figures for Year 2009 are not ready, please provide figures as per Year 2008.</i>		FIXED ASSET INVESTMENT @ NET BOOK VALUE: S\$ <i>The amount of asset cost (e.g. property, plant, and equipment) less accumulated depreciation.</i>	
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 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>	
COMPANY TYPE (pls tick ✓): <input type="checkbox"/> SME <input type="checkbox"/> MNC <input type="checkbox"/> Others: (pls state) _____		NO. OF ESTABLISHMENTS: e.g. outlets, factories, facilities etc <i>Applicable if the Company type is SME</i>	
EMPLOYMENT SIZE: <i>Please indicate the total No. of employees.</i>		MARKET INTEREST: <i>Please specify countries that the company is interested in.</i>	
NO. OF UNIONISED STAFF:		1)	5)
NO. OF NON-UNIONISED STAFF:		2)	6)
		3)	7)
		4)	8)

- Ownership Type: shareholders of companies
- SME: a commercial establishment that meets the following criteria:
  - At least 30% local equity;
  - Fixed assets (defined as net book value of factory building, machinery and equipment) not exceeding S\$15 million; and
  - Employment size not exceeding 200 workers for non-manufacturing/services companies (Computed on a group basis)

**PART C: CONTACT DETAILS**

1	<u>GEO/MD/GM</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:	
• CURRENT MODE OF COMMUNICATION:			
• PREFERRED MODE OF COMMUNICATION [pls tick (✓)]: <input type="checkbox"/> Email only <input type="checkbox"/> Fax only <input type="checkbox"/> Email & Fax			
2	<u>^AUTHORISED REPRESENTATIVE</u> <i>^ person who represents and votes on its company's behalf in all matters relating to SBF.                  For any change in Authorised Representative, pls send in the Authorised Representative update form. (available at <a href="http://www.sbf.org.sg">www.sbf.org.sg</a>)</i>		
	TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:	
• CURRENT MODE OF COMMUNICATION: « <b>mail_flag2</b> »			
• PREFERRED MODE OF COMMUNICATION [pls tick (✓)]: <input type="checkbox"/> Email only <input type="checkbox"/> Fax only <input type="checkbox"/> Email & Fax			
3	<u>GENERAL</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:	
• CURRENT MODE OF COMMUNICATION: « <b>mail_flag3</b> »			
• PREFERRED MODE OF COMMUNICATION [pls tick (✓)]: <input type="checkbox"/> Email only <input type="checkbox"/> Fax only <input type="checkbox"/> Email & Fax			
4	<u>HR / IR RELATED ACTIVITIES</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:	
• CURRENT MODE OF COMMUNICATION:			
• PREFERRED MODE OF COMMUNICATION [pls tick (✓)]: <input type="checkbox"/> Email only <input type="checkbox"/> Fax only <input type="checkbox"/> Email & Fax			
5	<u>FEEDBACK (E.G GOVERNMENT POLICIES, REGULATIONS, FTAS ETC)</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:	
• CURRENT MODE OF COMMUNICATION:			
• PREFERRED MODE OF COMMUNICATION [pls tick (✓)]: <input type="checkbox"/> Email only <input type="checkbox"/> Fax only <input type="checkbox"/> Email & Fax			
6	<u>INDUSTRY RELATED ACTIVITIES</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:	
• CURRENT MODE OF COMMUNICATION:			
• PREFERRED MODE OF COMMUNICATION [pls tick (✓)]: <input type="checkbox"/> Email only <input type="checkbox"/> Fax only <input type="checkbox"/> Email & Fax			
7	<u>MARKET (COUNTRY) RELATED ACTIVITIES</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:	
• CURRENT MODE OF COMMUNICATION:			
• PREFERRED MODE OF COMMUNICATION [pls tick (✓)]: <input type="checkbox"/> Email only <input type="checkbox"/> Fax only <input type="checkbox"/> Email & Fax			
8	<u>BILLING</u> TITLE: Mr. / Ms. / Mrs. / Mdm. / Dr. NAME: DESIGNATION:	EMAIL: TEL: FAX: HP:	
• CURRENT MODE OF COMMUNICATION:			
• PREFERRED MODE OF COMMUNICATION [pls tick (✓)]: <input type="checkbox"/> Email only <input type="checkbox"/> Fax only <input type="checkbox"/> Email & Fax			

**PART D: COMPANIES WITHIN SAME GROUP WHICH ARE SBF MEMBERS**

Please state below ALL companies (e.g. holding company, subsidiary, foreign investments, joint ventures etc) within your Group that are SBF members. You may use a separate sheet of paper if the space below is insufficient.

Name of company	Country of Incorporation	SBF Membership No. <i>(If applicable)</i>	Status in ACRA <i>(Live/Exempted)</i>
Holding company:			
Subsidiaries:			
1)			
2)			
3)			
4)			
5)			

**PART E: PROFILING MEMBER’S PRODUCTS AND SERVICES AT SBF EVENTS/ACTIVITIES**

Please fill in your contact details below if you are interested in profiling your company’s products and services at SBF events and we will provide you with the fee structure. *Please tick (✓)*

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

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

**PART F: MEMBERS’ VIEW AND PREFERENCE**

1	<p><u>List for FREE on SBF BUSINESS EXCHANGE (BIZX) - <a href="http://bizx.sbf.org.sg">http://bizx.sbf.org.sg</a></u>                  In response to SBF members’ request, SBF has set up the SBF Business Exchange (BIZX), a website portal where SBF members can post their business profiles and advertise <b>FREE</b> to promote their products and services. Members can also search for other business contacts. Listing in the BIZX directory is free of charge. To help increase our members’ exposure, SBF will post your company’s basic information on BIZX (e.g.: Company’s address, website, nature of business, etc) if agreeable.</p> <p>Please tick (✓) below.</p> <p><input type="checkbox"/> Yes, my company would like to be listed on the BIZX directory</p> <p><input type="checkbox"/> My company has already been listed on the BIZX directory.</p>												
2	<p><u>Business Quotient - BIZQ magazine</u>                  BIZQ - SBF’s magazine for members is now available online on SBF’s website. Does your CEO still wish to continue to receive a hard copy of the magazine?</p> <p>Please tick (✓) below.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>												
3	<p><u>MEMBERS SATISFACTION</u>                  Please tick (✓) below to rate the services/support provided by SBF.</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>Very Satisfied</td> <td>Satisfied</td> <td>Fairly Satisfied</td> <td>Acceptable</td> <td>Dissatisfied</td> <td>Very Dissatisfied</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Comments/suggestions:                  New programmes: _____                  _____                  Areas for improvement: _____                  _____</p>	Very Satisfied	Satisfied	Fairly Satisfied	Acceptable	Dissatisfied	Very Dissatisfied						
Very Satisfied	Satisfied	Fairly Satisfied	Acceptable	Dissatisfied	Very Dissatisfied								

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

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

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

Thank you for updating and submitting the form.