



# D&B Duns Number Application Form

## Basic Profile

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Name of Entity: \_\_\_\_\_

Please tick (✓) either one of the following:

- Has HQ Physical Office Address in Singapore. Please fill in section (A)
- No HQ Physical Office Address in Singapore. Please fill in section (B)
- Sharing office with related company in Singapore [eg: Sister Office/Parent]. Please fill in section (C)

**(A) HQ Physical Office Address (Business Operations Office):** \_\_\_\_\_

Rented     Owned     Leased

Area: \_\_\_\_\_ sq.ft / sq.m    Lease Expiry Date: \_\_\_\_\_

Premise Used As (Eg. Admin, Operations, Warehouse, etc): \_\_\_\_\_

Telephone Number 1: \_\_\_\_\_    Telephone Number 2: \_\_\_\_\_

Fax Number : \_\_\_\_\_

**(B) Registered Office Address (as in ACRA):** \_\_\_\_\_

Secretarial Firm Entity Name: \_\_\_\_\_

Telephone Number : \_\_\_\_\_    Fax Number : \_\_\_\_\_

\*\* For your information. Due to business operations address is not available, we will update this as Care Of (C/O) followed by Secretarial Firm entity name and address.  
Eg: C/O: SAMPLE CONSULTANCY PTE. LTD. 9 Bedik South Avenue 88 #03-99 Kool Business Hub Singapore 654321.

**(C) Sharing Office Address (Business Operations Office):** \_\_\_\_\_

Rented     Owned     Leased

Area: \_\_\_\_\_ sq.ft / sq.m    Lease Expiry Date: \_\_\_\_\_

Premise Used As (Eg. Admin, Operations, Warehouse, etc): \_\_\_\_\_

Sharing Office Entity Name: \_\_\_\_\_

Telephone Number 1: \_\_\_\_\_    Telephone Number 2: \_\_\_\_\_

Fax Number : \_\_\_\_\_



<b>Legal Structure:</b>	( ) Public Limited Company	( ) Private Limited Co	( ) Proprietorship
	( ) Partnership	( ) Government Dept	( ) Non-Profit
	( ) Others (Please specify): _____		

<b>Registry Details:</b>	Date Registered (dd-mm-yy) : _____
	Date Started (dd-mm-yy) : _____
	Company Registration Number: _____
	Former Name : _____
	Date of Change : _____

Listed on the Stock Exchange (Yes/No): \_\_\_\_\_  
 Listed Date (dd-mm-yy): \_\_\_\_\_

Paid-Up Capital: \_\_\_\_\_  
 As of (dd-mm-yy): \_\_\_\_\_

**Sales Amount (SGD):** \_\_\_\_\_ **As of (dd-mm-yy):** \_\_\_\_\_

**Total No. of Employees:** \_\_\_\_\_

**Website 1:** \_\_\_\_\_ **Website 2:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**\*Line of Business:** \_\_\_\_\_

Manufacturer    Wholesaler    Retailer    Finance    Service    Construction

Others (Please specify): \_\_\_\_\_

\*Please fill in the mandatory field above.

**Business Operations (Optional):**

	Products / Services	(%)
1		
2		
3		
4		

Comments: \_\_\_\_\_

**Brand**

Major Brand Names	1		3		5		7	
	2		4		6		8	



## Key Management Profile

Highest Person In-Charge (Full Name)	
Designation	
Experience in Related Field (years)	

## Management Profile

Full Name	Designation	Educational Qualification	Date of Joining Current Company	Experience in Related Field (years)	Active Operations
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

## Group Structure:

<b>Parent Name</b>	
Legal Company Name	
Address	
% Held	

<b>Ultimate Parent Name</b>	
Legal Company Name	
Country	

<b>Subsidiary(s)</b>			
	Legal Company Name	Country	% Held
1			
2			
3			
4			
5			



Affiliate(s)			
	Legal Company Name	Country	% Held
1			
2			
3			
4			

### Principal Bankers

	Bank Legal Company Name	Address
1		
2		
3		
4		
5		

### Shareholding Pattern As on (dd-mm-yy): \_\_\_\_\_

Name of Shareholders/Partners	Number of Shares	% Held

\*Please attach supporting documents.

### Major Customer:

	Legal Company Name	Country
1		
2		
3		
4		
5		



**Customer Type:**

<input type="checkbox"/> Agriculture Industry	<input type="checkbox"/> Electronics Industry	<input type="checkbox"/> Related Companies
<input type="checkbox"/> Buying Agents	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Retailers
<input type="checkbox"/> Clinics	<input type="checkbox"/> Government Bodies	<input type="checkbox"/> Schools
<input type="checkbox"/> Construction Companies	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Wholesalers
<input type="checkbox"/> Contractor	<input type="checkbox"/> Hotels Individuals	<input type="checkbox"/> End-users
<input type="checkbox"/> Corporate Accounts	<input type="checkbox"/> Manufacturers	<input type="checkbox"/> Trading Firms
<input type="checkbox"/> Department Stores	<input type="checkbox"/> Property Developers	<input type="checkbox"/> Transportation Industry
<input type="checkbox"/> Distributor	<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Engineering Firms		

Number of customer(s) are: \_\_\_\_\_  
Or ranges from \_\_\_\_\_ to \_\_\_\_\_

Supplies (Purchasing)		
Local		%
International		%
Import From: Country / Region		
1		%
2		%
3		%
4		%
5		%
6		%
7		%
8		%
9		%
10		%
11		%
12		%

Purchasing Terms			
		Local (✓)	Import (✓)
1	Cash /COD		
2	T/T		
3	Advance / Partial		
4	Cash against Document		
5	L/C		
6	L/C at sight		
7	Bank Transfer		
8	Credit Card		
9	D/A		
10	D/P		
11	Progress Payment		
12	Instalment		
13	Credit Terms:		
14	Others		

Sales Territory		
Local		%
International		%
Export to : Country / Region		
1		%
2		%
3		%
4		%
5		%
6		%
7		%
8		%
9		%
10		%
11		%
12		%

Selling Terms			
		Local (✓)	Import (✓)
1	Cash /COD		
2	T/T		
3	Advance / Partial		
4	Cash against Document		
5	L/C		
6	L/C at sight		
7	Bank Transfer		
8	Credit Card		
9	D/A		
10	D/P		
11	Progress Payment		
12	Instalment		
13	Credit Terms:		
14	Others		



**Questionnaire filled up by:**

Full Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Customer Declaration:**

I/We hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this application form are genuine