



## D&B Duns Number Application Form

### Basic Profile

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

#### Contact Point

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

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

Tel : \_\_\_\_\_

Email : \_\_\_\_\_

#### 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>	<input type="checkbox"/> Public Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Others (Please specify): _____	<input type="checkbox"/> Private Limited Co <input type="checkbox"/> Government Dept	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit
<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		
<b>Comments:</b>		

**Brand**

<b>Major Brand Names</b>	1		3		5		7	
	2		4		6		8	



**Key Management Profile**

<b>Highest Person In-Charge (Full Name)</b>	
<b>Designation</b>	
<b>Experience in Related Field (years)</b>	

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

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

<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 Engineering Firms	<input type="checkbox"/> Others: _____

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