



# D&B Duns Number Application Form

## Basic Profile

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

Address (Registered Office): \_\_\_\_\_

Rented  Owned  Leased Area: \_\_\_\_\_

Address (Head Office): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Rented  Owned  Leased Area: \_\_\_\_\_

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

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

Telephone Number 3: \_\_\_\_\_

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

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

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

<b>Authorized Capital:</b>	_____
<b>Paid-Up Capital:</b>	_____ <b>As of:</b> _____

Sales Amount: \_\_\_\_\_ (SGD)

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

Website 1: \_\_\_\_\_

Website 2: \_\_\_\_\_

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

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



Chief Executive: \_\_\_\_\_

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

Key Contact Person: \_\_\_\_\_

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

### Key Management Profile

Name	Designation	Educational Qualification	Date of Joining Current Company	Exp. In related field (yrs)	Active in Operation (Y/N)

Name of Parent Company: \_\_\_\_\_

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

### Group Companies:

Legal Relationship	Company Name	D-U-N-S Number	Address	% Holding
Parent <input type="checkbox"/> Immediate <input type="checkbox"/> Ultimate				
Subsidiary				
Group Name				



Shareholding Pattern As on: \_\_\_\_\_

Name of Shareholders/Partners	Number of Shares	% Holding

Please attach Company Profile (ROC) as part of the supporting documents.

In order to provide a more accurate and complete view of a business entity, the following data elements are recommended for collection when assigning a D&B DUNS number. This will enhance the creditability of your business.

**Customer Type:**

<input type="checkbox"/> Agriculture Industry <input type="checkbox"/> Buying Agents <input type="checkbox"/> Clinics <input type="checkbox"/> Construction Companies <input type="checkbox"/> Contractor <input type="checkbox"/> Corporate Accounts <input type="checkbox"/> Department Stores <input type="checkbox"/> Distributor	<input type="checkbox"/> Electronics Industry <input type="checkbox"/> Financial Institution <input type="checkbox"/> Government Bodies <input type="checkbox"/> Hospitals <input type="checkbox"/> Hotels <input type="checkbox"/> Individuals <input type="checkbox"/> Manufacturers <input type="checkbox"/> Property Developers	<input type="checkbox"/> Related Companies <input type="checkbox"/> Retailers <input type="checkbox"/> Schools <input type="checkbox"/> Wholesalers <input type="checkbox"/> End-users <input type="checkbox"/> Trading Firms <input type="checkbox"/> Transportation Industry <input type="checkbox"/> Others: _____
<input type="checkbox"/> Number of customer(s) are _____ Or ranges from _____ to _____		
Listed on the Stock Exchange: _____		

<b>Type of Business Activity:</b> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Agent <input type="checkbox"/> Distributor <input type="checkbox"/> Dealer <input type="checkbox"/> Designer <input type="checkbox"/> Contract Manufacturer of _____	<b>Business Relationships:</b> <input type="checkbox"/> Original Equipment Manufacturer <input type="checkbox"/> Agencies <input type="checkbox"/> Distributors <input type="checkbox"/> Franchisee <input type="checkbox"/> Sole Agent <input type="checkbox"/> Technical Collaboration <input type="checkbox"/> Joint Venture
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**Bankers Details:**

Name	Address	Type of Facilities	Amount Sanctioned	Amount Outstanding

**Raw Material Purchases & Purchase Terms**

a. Sources of Raw Materials

- Domestic - \_\_\_\_\_ %
- Imported - \_\_\_\_\_ %

b. Sources of Imports (if any)

<input type="checkbox"/> Japan _____ %	<input type="checkbox"/> Taiwan _____ %	<input type="checkbox"/> Europe _____ %
<input type="checkbox"/> Germany _____ %	<input type="checkbox"/> U.K. _____ %	<input type="checkbox"/> North America _____ %
<input type="checkbox"/> Italy _____ %	<input type="checkbox"/> Australia _____ %	<input type="checkbox"/> Asia Pacific _____ %
<input type="checkbox"/> Middle East _____ %	<input type="checkbox"/> Republic of China _____ %	<input type="checkbox"/> Far East _____ %
<input type="checkbox"/> USA _____ %	<input type="checkbox"/> South Korea _____ %	<input type="checkbox"/> Africa _____ %

c. Buying Terms

- i. Credit Period (Local): \_\_\_\_\_ days
- ii. Terms of Payment (Local):  Cash  Credit  L/C  Advances
- iii. Credit Period (International): \_\_\_\_\_ days
- iv. Terms of Payment (International):  Cash  Credit  L/C  Advances

**Sales & Selling Terms**

a. Distribution of Sales

- Domestic - \_\_\_\_\_ %
- Exports - \_\_\_\_\_ %

b. Major Export Destinations

<input type="checkbox"/> Japan _____ %	<input type="checkbox"/> Taiwan _____ %	<input type="checkbox"/> Europe _____ %
<input type="checkbox"/> Germany _____ %	<input type="checkbox"/> U.K. _____ %	<input type="checkbox"/> North America _____ %
<input type="checkbox"/> Italy _____ %	<input type="checkbox"/> Australia _____ %	<input type="checkbox"/> Asia Pacific _____ %
<input type="checkbox"/> Middle East _____ %	<input type="checkbox"/> Republic of China _____ %	<input type="checkbox"/> Far East _____ %
<input type="checkbox"/> USA _____ %	<input type="checkbox"/> South Korea _____ %	<input type="checkbox"/> Africa _____ %

c. Sales Terms

- i. Credit Period (Local): \_\_\_\_\_ days
- ii. Terms of Payment (Local):  Cash  Credit  L/C  Advances
- iii. Credit Period (International): \_\_\_\_\_ days
- iv. Terms of Payment (International):  Cash  Credit  L/C  Advances



**Questionnaire filled up by:**

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**