|  |  |  |
| --- | --- | --- |
|  | **REGISTRATION FORM FOR** ***THE CONTROL OF MANUFACTURE ACT*** |  |
|  | **Specific Goods for Registration under the Control of Manufacture Act :***(Please tick the box(s) below to select the goods that your company is interested to manufacture)*[ ]  Beer [ ]  Stout[ ]  Chewing gum (other than medicinal gum and oral dental gum)[ ]  Cigars[ ]  Cigarettes[ ]  Drawn Steel Products[ ]  Matches[ ]  Parts of any of the above controlled products. Please specify:        |  |
|  | **For Internal Use**Application Ref No : File Ref No :Date Received :Officer-in-Charge : |  |

|  |  |  |
| --- | --- | --- |
|  | **EXPLANATORY NOTES**To enable us to expedite the processing of your application, please provide the information requested as completely as possible. If the space provided is insufficient, a separate sheet may be used. Where information is not yet available or not applicable, please indicate accordingly. Incomplete and inaccurate information may result in outright rejection of application. You are advised to contact us should you encounter difficulties in completing the form, or if you need further information.Only one copy of this application is required.For Singapore-owned beer and stout applicants only, please send it to:ENTERPRISE SINGAPORE230 Victoria Street #10-00, Bugis Junction Office Tower Singapore 188024Tel: 6898 1800Email: enquiry@enterprisesg.gov.sgFor all other applicants, please send it to:ECONOMIC DEVELOPMENT BOARD250 North Bridge Road#28-00 Raffles City TowerSingapore 179101Tel: 6832 6832**ALL INFORMATION PROVIDED WILL BE** **HELD IN THE STRICTEST CONFIDENCE** |  |

**Part I – SINGAPORE COMPANY INFORMATION**

|  |  |  |
| --- | --- | --- |
| **1.** | **GENERAL** |  |
| (a) | Company Name : |       |
| (b) | Company Address: | Block/House No: |       |
|  |  | Street Name: |       |
|  |  | Level – Unit: | #      -       |
|  |  | Building: |       |
|  |  | Postal Code: |       |
|  |  | Address Type: | Standard |
|  |  |  |  |
|  |
|  |  | Tel : |       | Email : |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (c) | UEN: |       | Date of Registration : |       |
|  |  |  | (DD/MM/YYY) |
|  |
|  | Registered as : If Others (please specify) : |       |
| (d) | Country of Incorporation : |       |

(e) Company Executives (in order of designation)

|  |  |  |
| --- | --- | --- |
| **Name**  | **Designation** | **Nationality** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

|  |  |  |
| --- | --- | --- |
| **2.** | **OWNERSHIP** |  |
| (a) | Paid-up Capital | : | S$ |       |
| (b) | Subscribed Capital | : | S$ |       |
| (c) | Authorised Capital | : | S$ |       |
|  |  |  |  |  |

(d) Shareholders (refers to ultimate parent company/shareholders)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Company/Individual** | **Country Registered/ Nationality** | **Singapore PR (Yes/No)** | **% Share#** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

*# to total up to 100%; for shareholder holding less than 5% equity, group by country*

**3. MAJOR RELATED COMPANIES IN SINGAPORE OWNED** (Corporate Share ≥ **20**%)

|  |  |  |
| --- | --- | --- |
| **Company Name** | **Business Activity** | **% Share** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**4. NAMES AND ADDRESS OF COMPANY’S BANKERS**

**5. DETAILS OF LOANS AND OTHER CREDIT FACILITIES TO BE RAISED**

**6. NAMES AND ADDRESS OF COMPANY’S LAWYERS**

**7. DESCRIPTION OF PRODUCT/MANUFACTURE**

PLEASE SPECIFY PRODUCT(S) TO BE MANUFACTURED, AND PROVIDE PRODUCT CATALOGUE IF

AVAILABLE.

**Part II – PROJECT DATA FOR SINGAPORE OPERATION**

|  |  |
| --- | --- |
| **1.** | **MAJOR PRODUCTS/SERVICES, PRINCIPAL CLIENTS & MAJOR COMPETITORS***Existing* Products/Services (if any)  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/No. | Products/Services | Principal Clients | % of Sales to This Company | Major Competitors |
| 1. |       |       |       |       |
|       |       |       |
|       |       |       |
| 2. |       |       |       |       |
|       |       |       |
|       |       |       |
| 3. |       |       |       |       |
|       |       |       |
|       |       |       |
| 4. |       |       |       |       |
|       |       |       |
|       |       |       |

|  |  |
| --- | --- |
| **2.**(a) | **MAJOR PRODUCTS/SERVICES, PRINCIPAL CLIENTS & MAJOR COMPETITORS***New* Products/Services |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/No. | Products/Services | Principal Clients | % of Sales to This Company | Major Competitors |
| 1. |       |       |       |       |
|       |       |       |
|       |       |       |
| 2. |       |       |       |       |
|       |       |       |
|       |       |       |
| 3. |       |       |       |       |
|       |       |       |
|       |       |       |
| 4. |       |       |       |       |
|       |       |       |
|       |       |       |

(b) Business operations - For beer and/or stout COMA applicants only

Please tick the box(s) below and complete this section only if your company is interested to manufacture beer and/or stout.

[ ]  Manufacture for on-site consumption

[ ]  Manufacture for sale to related entities (e.g. franchise outlets).Please specify and provide supporting documents:

[ ]  Manufacture for sale to unrelated entities. Please specify and provide supporting documents:

[ ]  Manufacture for export. Please specify the entities and provide supporting documents:

[ ]  Others. please specify:

|  |  |
| --- | --- |
| **3.** | **PRODUCTION PLAN / PROJECTION OF REVENUE**Please provide the projected annual output or revenue for the entire manufacturing operation over the first five years of the new project commencing from the year of commercial production/operation. (Data should be provided for both existing and future products. Use a separate sheet if company has/will have more than four products). |

|  |  |  |  |
| --- | --- | --- | --- |
| Product/Service | Year | Quantity (if applicable) | Ex-Factory Value /Revenue (S$’000) |
| Aggregate for company’s manufacturing output | 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| (a) Product :      *Please state of the product is Existing/New:*       | 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| (b) Product :      *Please state of the product is Existing/New:*       | 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| (c) Product :      *Please state of the product is Existing/New:*       | 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| (d) Product :      *Please state of the product is Existing/New:*       | 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| 20      |       |       |
| 20      |       |       |

|  |  |
| --- | --- |
| **4.** | **IMPLEMENTATION SCHEDULE** *(Where appropriate)* |

|  |  |
| --- | --- |
| Implementation Milestones | Estimated Date (DD/MM/YYYY) |
| (a) Building or site acquired |       |
| (b) Recruitment of manpower initiated |       |
| (c) Building construction started |       |
| (d) Building construction completed |       |
| (e) Machinery installation started |       |
| (f) Machinery installation completed |       |
| (g) Trial production started (not applicable to services) |       |
| (h) Commercial production/operation started |       |

|  |  |
| --- | --- |
| **5.** | **ESTIMATED FACILITY REQUIREMENTS** *(Where appropriate)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Site Area | : |       | sq m  |
| Built-up Area | : |       | sq m |
| Flatted Factory | : |       | sq m (floor area) |
| Standard Factory | : |       | sq m (floor area) |
| Others (please specify) | : |       | sq m (floor area) |

|  |  |
| --- | --- |
| **6.** | **WATER REQUIREMENT** (If applicable)Please estimate your net water consumption of potable water at full production. If this is more than 1,000 cu m/month, please provide the following information for sections of your plant which consume more than 10% of total water demand. |

|  |  |  |
| --- | --- | --- |
| **Activities** | **Estimated Quantity Consumed** **(cu m/month)** | **Any recycling****(Yes/No)** |
| **Production Use**1. Cooling
2. Cleaning/rinsing
3. Heating (e.g. boiler, heat exchanger)
4. Process
5. Others (Please specify)

**Non-Production Use** |       |       |
| Total quantity of potable water required |       |       |
| Please describe any measures your company will take to minimize potable water consumption      |

|  |  |
| --- | --- |
| **7.** | **MANUFACTURING PROCESS**Please describe the manufacturing process with flow chart showing the sequence of operations involved on a separate sheet of paper and ensure that it is clearly referenced below. |

|  |  |
| --- | --- |
| **8.** | **TECHNICAL KNOWHOW**Please provide details of any technical/licensing agreements that the company may need to enter into. |

|  |  |
| --- | --- |
| **9.** | **RAW MATERIALS, COMPONENTS/SUB-ASSEMBLIES & EQUIPMENTS** Please estimate **major** raw materials, components/sub-assemblies and equipment to be used at full production according to the following sub-headings:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item Description | Unit of Measure | Annual Quantity | Annual Value (S$’000) | Supplier Name | Supplier Country |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

|  |  |
| --- | --- |
| **10.** | **EMPLOYMENT PROFILE** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Company’s Existing Operations(Cumulative Numbers) | New Project(Cumulative Numbers) |
|  |  | Last FY20      | Year 1\*20      | Year 220      | Year 320      | Year 420      | Year 520      | Year 1\*20      | Year 220      | Year 320      | Year 420      | Year 520      |
| Degree Holders | L |       |       |       |       |       |       |       |       |       |       |       |
| F |       |       |       |       |       |       |       |       |       |       |       |
| Diploma Graduates | L |       |       |       |       |       |       |       |       |       |       |       |
| F |       |       |       |       |       |       |       |       |       |       |       |
| Skilled Workers (Craftsman and Graduates from Vocational Institute) | L |       |       |       |       |       |       |       |       |       |       |       |
| F |       |       |       |       |       |       |       |       |       |       |       |
| Production Workers | Male | L |       |       |       |       |       |       |       |       |       |       |       |
| F |       |       |       |       |       |       |       |       |       |       |       |
| Female | L |       |       |       |       |       |       |       |       |       |       |       |
| F |       |       |       |       |       |       |       |       |       |       |       |
| Others | L |       |       |       |       |       |       |       |       |       |       |       |
| F |       |       |       |       |       |       |       |       |       |       |       |
| Total | L |       |       |       |       |       |       |       |       |       |       |       |
| F |       |       |       |       |       |       |       |       |       |       |       |

L – Local (Singaporeans and permanent residents) F – Foreign \* Current Year

**Part III – ULTIMATE PARENT COMPANY/GROUP INFORMATION** *(if applicable)*

|  |  |  |
| --- | --- | --- |
| (a) | Company Name: |       |
| (b) | Registered Address: |       |
|  |  |       |
|  |  |  |
|  |  | Tel: |       | Email: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| (c) | Total Employment: |       | *(For Year 20 )* |
| (d) | Total Turnover: |       |

(e) Major Competitors (For each major product if possible)

|  |  |  |
| --- | --- | --- |
| Company Name | Product | Estimated World Market Share (%) |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

(f) Please include the group structure on separate sheet of paper indicating shareholdings

(g) Please also provide a copy of your latest annual report and any other relevant reports or information available.

|  |  |
| --- | --- |
| **2.** | **OTHER DETAILS**Give any other details you consider to be relevant to your application. If a separate sheet of paper is used, please make reference to it clearly in the space below. GIVE ANY OTHER DETAILS YOU CONSIDER TO BE RELEVANT TO YOUR APPLICATION.  |

**Part IV – DECLARATIONS**

1. I declare that the facts in this application and the accompanying information are true, and that the company is not presently engaged or involved in any impending or pending criminal or civil proceedings in Singapore or overseas relating to the products referred to in this application.

2. I declare that the company is not involved in the infringement of any intellectual property rights in Singapore.

3. I understand that any license issued pursuant to and as a consequence of this application shall be rendered void should it be determined at any time hereafter that any of the information and declarations stated and made in this application and the accompanying information are untrue.

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature of Applicant  |  | Company |
|       |  |       |
| Name (in BLOCK LETTERS) |  | Telephone Number |
|       |  |       |
| Applicant’s Designation |  | Date |

(The applicant should be the CEO, MD or equivalent in the company)

|  |
| --- |
| Contact Person (if different from above) |
|       |  |       |
| Name |  | Designation |
|       |  |  |
| Telephone Number |  |  |