



HEALTH SCIENCES AUTHORITY
REPUBLIC OF SINGAPORE
THE MEDICINES ACT
APPLICATION FOR A LICENCE TO IMPORT MEDICINAL PRODUCTS

Every section of the application form **MUST** be duly completed. Incomplete forms will not be processed.
"N.A." should be used when appropriate.

Please [click here](#) to download the softcopy of this application form, if you intend to import more than 5 items of medicinal products
Please [click here](#) to download the guide.

STEP 1: Fill in the application form

[A] PARTICULARS OF APPLICANT

1. Name of firm/company: (IN BLOCK LETTERS)

2. Business address:

3. Telephone No.:

Fax No.:

4. Company/Business Registration No.: (Enclose photocopy of certificate)

5. Particulars of person making the application on behalf of firm/company:

Name:
(IN BLOCK LETTERS)

NRIC: Pink Blue Foreign Identification Number Passport Number
 (eg. S1234567A)

Residential address:

Designation:

[B] PARTICULARS OF WAREHOUSE

1. Address:

2. Storage condition of warehouse:

Temperature	Relative humidity
<input type="checkbox"/> Below -18°C (Deep freeze)	<input type="text"/>
<input type="checkbox"/> -10°C to -20°C (Freeze)	<input type="text"/>
<input type="checkbox"/> 2°C to 8°C (Refrigerate. Do not freeze)	<input type="text"/>
<input type="checkbox"/> 8°C to 15°C (Cool)	<input type="text"/>
<input type="checkbox"/> 15°C to 30°C (Room Temperature)	<input type="text"/>
<input type="checkbox"/> Others (please specify) <input type="text"/>	<input type="text"/>

3. Approved by: 

[C] PARTICULARS OF PRODUCT(S) TO BE IMPORTED:

State the medicinal product(s) which you propose to import and attach authorisation from holder(s) of product licence(s) authorising your import.

	Name of Product (with strength & dosage form)	Country of Manufacture	Singapore Product Licence No.	Expiry Date
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[D] PARTICULARS OF POISONS LICENCE HOLDER (if applicable):

(a) Name of Licence Holder :

(b) NRIC/Passport No : Pink Blue Foreign Identification Number Passport Number

 (eg. S1234567A)

(c) Poisons Licence No. :

Notes:

Please pay your licence fee of \$100 through the Inter-Bank GIRO scheme by completing an Inter-Bank GIRO Form. If you do not have an existing GIRO account with HSA, please [click here](#) to download the GIRO form.

Supporting documents required for submission of the application are:

- 1) Photocopy of RCB certificate
- 2) Authorisation letter from product licence holder
- 3) Good Distribution Practices Standard Operating Procedures (See [application guide Pt. 7](#) for details)

After completion of this form, please print, sign and send together with the supporting documents to:

MANUFACTURING & QUALITY AUDIT
 Centre for Drug Administration
 Health Sciences Authority
 No. 2 Jalan Bukit Merah
 Singapore 169547
 Telefax:6325 5594

DECLARATION

1. I have been authorised to make this application.
2. I declare that the particulars given in this application are true and that the documents enclosed are authentic or true copies.
3. I undertake to notify the licensing authority within one week of any change in the particulars submitted in this application and of any adverse drug reactions which I am aware of.

Name of applicant:

Date:

Signature: _____

Preview