

To: **Complementary Health Products Branch**
Health Products Regulation Group, Health Sciences Authority (HSA)
11 Biopolis Way #11-01 Helios Singapore 138667

DECLARATION OF PRODUCT LINKAGE

I _____ (full name) being a person authorised by my company hereby declare that the following document(s) submitted is/are intended for _____ (product name per notification form):

	Type of document (e.g. Certificate of Analysis, Laboratory test report)	Product name in the document
1)		

I hereby declare that the information on this form is current and correct.

Signature: _____

Designation: _____

Name of company: _____

Email: _____

Date: _____