



REPUBLIC OF SINGAPORE
HEALTH SCIENCES AUTHORITY

APPLICATION FOR APPROVAL TO IMPORT THERAPEUTIC PRODUCTS
INTO SINGAPORE FOR PERSONAL USE

E-Form ID: PTM

Version No: 5

Effective Date: 01 Aug 2017

Email the completed application form and copies of the requested supporting documents to our office (Email: hsa_info@hsa.gov.sg)

Note: This application is not required if you are travelling through Singapore but will remain within the airport's transit zone.

Please **attach copies** of the following documents, preferably combined into a single PDF file, to support the application:

1. **Passport** particulars page
2. **Medical prescription or doctor's written recommendation** verifying the **prescribed dosage** and total **quantity** of the therapeutic products
3. **Travel documents** showing the **name** of applicant and **dates** of arrival/departure

SECTION A – PARTICULARS OF APPLICANT			
Name			
Passport No.		Date of Birth (DD/MM/YYYY)	
Nationality		Gender	
Home Address			
Block / House No.		City	
Street		State / Province	
Level/Unit		Country	
Building		Postal Code	
Contact Details			
Contact No.			
Email Address			

SECTION B – TRAVEL DETAILS			
No.	Expected Date of Arrival (DD/MM/YYYY)	Expected Date of Departure (DD/MM/YYYY)	Number of Days in Singapore
1.			
2.			
3.			
4.			



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SECTION C – MEDICATION DETAILS (If insufficient, please add additional sheets as an attachment)

No.	Trade Name of Medication	Dosage Form or Presentation <i>e.g. Tablets, Capsules</i>	Total Quantity to be imported	Name of Active Substance(s) in Medication	Strength of Active Substance(s) <i>in mg, or mg/ml</i>	Remarks
<i>E.g.</i>	<i>Xanax 0.25mg</i>	<i>Tablet</i>	<i>7</i>	<i>Alprazolam</i>	<i>0.25mg</i>	<i>1 tablet every morning</i>
1.						
2.						
3.						
4.						
5.						
6.						

SECTION D – DECLARATION

- 1) I declare that the particulars given in this application are true and that the supporting documents enclosed are authentic or true copies.
- 2) Should my application be approved, I understand that the following conditions will be stipulated in the approval:
 - a. The medication(s) is solely for personal use. There shall not be any sale or supply of the medication(s) in Singapore.
 - b. It is an offence to sell or supply therapeutic products that are subjected to control in Singapore without the required approval.
 - c. The person named in the approval will undertake full responsibility on the use of the above-mentioned medication(s) in Singapore.

Submitted by:

Date (DD/MM/YYYY):