



REPUBLIC OF SINGAPORE
HEALTH SCIENCES AUTHORITY

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

E-Form ID: PTM

Version No: 4

Effective Date: 01 Nov 2016

Notes:

- Please complete this application form (Sections A to E) neatly in English and in BLOCK LETTERS.
- Please ensure that all mandatory fields (indicated red boxes) are completed including the declaration in Section E. **Incomplete forms will not be processed and will be rejected.**
- Save the completed application form in your computer.
- Email or fax the completed application form and copies of the requested supporting documents (in Section D) to our office. Email: hsa_info@hsa.gov.sg Fax: (65) 6478 9068

SECTION A – PARTICULARS OF APPLICANT			
Name			
PP / Identity 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			
Telephone Country Code		Office Tel	
Mobile		Fax No.	
Home Tel		Email Address	

SECTION B - TRAVEL DETAILS (FOR TOURISTS VISITING SINGAPORE)				
No.	Expected Date of Arrival (DD/MM/YYYY)	Expected Date of Departure (DD/MM/YYYY)	Number of Days in Singapore	Are you clearing Singapore Immigration? (Yes/No)
1.				
2.				
3.				
4.				
5.				



REPUBLIC OF SINGAPORE
HEALTH SCIENCES AUTHORITY

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

E-Form ID: PTM

Version No: 4

Effective Date: 01 Nov 2016

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

No.	Trade Name of Medication	Dosage Form or Presentation (e.g. tablet, capsule, etc.)	Total Quantity to be imported	Name of Active Substance(s) in Medication	Concentration of Active Substance(s)	Remarks
1.						
2.						
3.						
4.						
5.						

SECTION D – SUPPORTING DOCUMENTATION

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

1. A copy of your doctor's written recommendation or prescription verifying the need for the therapeutic products, the dosage taken and the total quantity of the therapeutic products to be imported into Singapore.
2. A copy of your flight details/travel itinerary indicating intended dates of arrival into and departure from Singapore (applicable for visiting tourists).
3. A copy of your passport page with personal particulars.

SECTION E – 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):