

**HEALTH SCIENCES AUTHORITY
NOTIFICATION OF CHINESE PROPRIETARY MEDICINES (CPM) IMPORT AND
TEST REPORT SUBMISSION**

This notification form is to be submitted together with the test reports and the declaration on the absence of any poisons as defined in the Poisons Act (Cap. 234) and any active synthetic substance in the CPM to the Complementary Health Products Branch (CHPB) (Email: HSA_CPM@hsa.gov.sg).

SECTION A - PARTICULARS OF COMPANY AND PERSON IN-CHARGE

| | | | |
|--|--|----------------|--|
| Name of Company | | | |
| Invoice(s) No | | | |
| Date of Invoice(s) | | | |
| Month/Year of import (if different from invoice date) | | | |
| Contact Person | | | |
| Telephone No. | | Fax No. | |
| Email Address | | | |

SECTION B - FOR OFFICIAL USE ONLY

- Test Reports received are complete and in order.
You are advised to retain this acknowledgement till the expiry date of the imported CPM.

CHPB / Date

- Test Reports received are not in order
Reason: