

STEP-BY-STEP GUIDE ON UPDATE OF MANUFACTURER'S DETAILS

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Introduction

Companies can update the changes to the manufacturer details using the “Update of Manufacturer’s Details”

* Note: A NEW product notification is required if there is a change made to any of the following:

- 1) Brand Name
- 2) Product Name
- 3) Product Type
- 4) Formulation
- 5) Company change due to change of distribution rights
- 6) Company name change with a new UEN number given by ACRA

Login access

The applicant should already be authorized by the company in the Client Registration & Identification Service (cris@hsa) for the submission. Information on CRIS may be obtained from:

https://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/CRIS.html

CorpPass is required for authentication and authorization.

How can my company submit an update?

1. To submit a cosmetic product notification, please go to the following website:

<https://www.hsa.gov.sg/content/hsa/en/e-Services.html#HPRG>

2. Click on “Cosmetic Products”

e-Services and Forms by Branch

BRANCH	DESCRIPTION
Western Medicines	To access PRISM for transactions related to licensing of drugs and biologicals and relevant forms.
Medical Devices	To access MEDICS for transactions related to the licensing of medical devices and relevant forms.
Chinese Proprietary Medicines	To access PRISM for transactions related to licensing of Chinese Proprietary Medicines and relevant forms.
Cosmetic Products	To access PRISM for transactions related to Cosmetic products, Oral dental gums as well as relevant forms.
Safety Information and Product Recalls	Reporting adverse events to HSA
Clinical Trials	To access PRISM for transactions related to clinical trial applications and relevant forms.
Manufacturing, Importation & Distribution	To access PRISM for transactions for transactions related to licensing and certification of manufacturers, importers, wholesale dealers and exporters and pharmacies, as well as relevant forms.
Medical Advertisements & Sales Promotion	To access PRISM for transactions related to medical advertisement and sales promotion permits.
Tobacco Products	To access the Online Business Licensing System (OBLs) and PRISM for transactions related to tobacco business licences and relevant forms.

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3. Click on “Updates of Manufacturer’s Details”

Amend Licence / Registration - amend@prism

In general, estimated time to complete the form: 5-10 mins

- > Amend Product Registration for Oral Dental Gum
- > Amend Importer's Licence for Oral Dental Gum
- > Amend Wholesaler's Licence for Oral Dental Gum
- > Amend Company Information
- > Amend Applicant's Details for licences, registration and notifications

For amendments to Manufacturer Particulars, please use this link instead:

- > **Update of Manufacturer's Details**

4. Thereafter, you will be directed to the following page:

- Login using CorpPass Login

Log in with CorpPass

UEN/ENTITY ID

CORPPASS ID

Password

Remember Entity ID

[Forgot Entity / CorpPass ID or Password](#)

5. Upon successful authentication, a welcome page will be shown. Click **“Accept/Continue”** to proceed with the eService. You will be directed to the online application form.

PZ4001 AMEND@PRISM - UPDATE OF MANUFACTURER'S DETAILS

Important Notes:

For HSA CRIS registered companies, user has to be authorised with the appropriate access rights via CRIS management module to access the required eservices.

Search Criteria

Licence/Permit/Certificate/Listing/Notification Type * **Cosmetic - Cosmetic Product Notification** ▼

Licence/Permit/Certificate/Listing/Notification No to

Product Name

Brand Name

Search

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Active Cosmetic – Cosmetic Product Notification

Before selecting the following product notifications for amendment, please note that the particulars to be amended apply to all the selected product notifications.

Select	Notification No	Product Name	Brand Name	Product Type	Start Date	Expiry Date
<input type="checkbox"/>	1	CCPN		Lip products	27/06/2008	26/06/2017
<input type="checkbox"/>	2	CCPN		Lip products	27/06/2008	26/06/2017
<input type="checkbox"/>	3	CCPN		Lip products	27/06/2008	26/06/2017
<input type="checkbox"/>	4	CCPN		Lip products	27/06/2008	26/06/2017
<input type="checkbox"/>	5	CCPN		Lip products	27/06/2008	26/06/2017
<input type="checkbox"/>	6	CCPN		Lip products	27/06/2008	26/06/2017
<input type="checkbox"/>	7	CCPN		Lip products	27/06/2008	26/06/2017
<input type="checkbox"/>	8	CCPN		Lip products	27/06/2008	26/06/2017
<input type="checkbox"/>	9	CCPN		Lip products	27/06/2008	26/06/2017
<input type="checkbox"/>	10	CCPN		Eye products excluding eyebrow products	03/07/2008	02/07/2017

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- a. Select **“Cosmetic – Cosmetic Product Notification”** from the drop-down list
 - b. Optional search criteria for the other fields
 - c. Click **“Search”** for all notified cosmetic products
6. Search result shown all notified cosmetic products.
- a. Select the Notification(s) to amend up to 20 notifications in 1 application submission.
 - b. Click on **“Amend All Selected Notifications”**.
 - c. Click on **“Next”** button

7. Section 1: Notification Summary

Please provide the information for the section (Manufacturer) that will be updated. The new information will be reflected across all selected notifications.

PLEASE FILL IN ALL SECTIONS IN ENGLISH

Fill in the application form		Guideline	Help
1. Notification Summary 2. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market 3. Particulars of Person Representing the Local Company	4. Particulars of Manufacturer 5. Supporting Attachments 6. Confirmation	 Attach	 Save

Fields marked with an asterisk * are mandatory.

Please provide the information for these sections (Manufacturer) that will be updated globally. The new information will be reflected across all selected notifications. If a section is not required for global update, you may leave that section empty.

1. Notification(s) to Amend					
SN	Notification Numbers	Product	Brand	Effective Date	Expiry Date
1				12/01/2007	27/02/2013
Amendment Details: *		<div style="border: 1px solid gray; height: 100px; width: 100%;"></div>			

Next

- a. Fill in amendment details for the selected notification(s).

8. Section 2: Particulars of local company responsible for placing the cosmetic product in the market

Fill in the application form		Guideline	Help
1. Notification Summary	2. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market	4. Particulars of Manufacturer	6. Confirmation
3. Particulars of Person Representing the Local Company		5. Supporting Attachments	

Fields marked with an asterisk * are mandatory.

Please note that the billing address entered/amended will be updated to the central client database and will be used as the billing address for any subsequent billing to the company. This will apply to all other licences/applications of the company.



2. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market			
2.1 Name : *	<input type="text"/>		
2.2 Location Code :	1		
2.3 Company Address			
2.3.1 Address Type : *	Local		
2.3.2 Postal Code : *	<input type="text"/>		
2.3.3 Block / House No :	<input type="text"/>	2.3.4 Level - Unit :	<input type="text"/>
2.3.5 Street Name :	<input type="text"/>		
2.3.6 Building Name :	<input type="text"/>		
2.3.7 Country :	SINGAPORE		
2.4 Tel : *	<input type="text"/>	2.5 Fax :	<input type="text"/>
		Your Fax No. is necessary for our future correspondence	
2.6 Is Billing Address the same as the Company Address ? *	<input checked="" type="radio"/> Yes		<input type="radio"/> No
2.8 Unique Entity No.(UEN) :	<input type="text"/>		

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- Ensure that the details are accurate and corresponds to your company details. Fill in the Billing Address if the answer is "No" to section 2.6.
- Click "**Next**" to proceed to the next section.

Please note that the billing address entered/amended will be updated to the central client database and will be used as the billing address for any subsequent billing to the company. This will apply to all other licenses/application of the company.

9. Section 3: Particulars of Person Representing the Local Company

Fill in the application form		Guideline	Help
1. Notification Summary	4. Particulars of Manufacturer		
2. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market	5. Supporting Attachments		
3. Particulars of Person Representing the Local Company	6. Confirmation		

Fields marked with an asterisk * are mandatory.

3. Particulars of Person authorised to represent the local company			
3.1 Name : *	<input type="text"/>	(as in NRIC/FIN)	
3.2 NRIC/FIN : *	<input type="text"/>	(Example: S1234567A, F1234567A)	
3.3 Tel : *	<input type="text"/>	3.4 Fax :	<input type="text"/>
3.5 Email :	<input type="text"/>	3.6 Mobile :	<input type="text"/>
3.7 Preferred Mode of Communication ? *	<input type="radio"/> Email	<input type="radio"/> Fax	<input type="checkbox"/> SMS [optional]
3.8 Designation in Company : *	<input type="text"/>		

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- a. Fill in the details for:
 - ✓ Applicant's name
 - ✓ NRIC/FIN
 - ✓ Telephone number
 - ✓ Indicate Preferred Mode of Communication

- b. Click on "**Next**" to proceed to the next section

10. Section 4: Particulars of Manufacturer

4. Manufacturer Details

4.1 Name : *

4.2 Manufacturer Address

4.2.1 Address Type : * Local Overseas

4.2.2 Address : *

4.2.3 Country : *

4.2.4 City :

4.2.5 State :

4.2.6 Postal Code :

4.3 Tel : 4.4 Fax :

A *Manufacturer* is a company which is engaged in any process carried out in the course of making the cosmetic product. The manufacturing process includes all operations of purchase of starting materials, bulk intermediates and products, formulation and production (such as grinding, mixing, encapsulation and/or packaging), quality control, release, storage and distribution of cosmetic products and the related controls.

Sn	<input type="checkbox"/>	List of Manufacturer
1	<input type="checkbox"/>	aaa

4.5 Manufacturer Particulars

To add to existing manufacturer list To replace the existing manufacturer list

- a. Manufacturer Name (there may be more than one manufacturer – click on “**New**” to add after filling up details and saving the first record
- b. Fill in the details for: Manufacturer Address
- c. Click on “**Save**” and “**Next**” to proceed to the next section

Please provide the information for the section (Manufacturer) that will be updated. The new information will be reflected across all selected notifications.

11. Section 5: Supporting Attachments

PC1002 UPDATE FOR COSMETIC PRODUCTS NOTIFICATION

Fill in the application form		Guideline	Help
1. Notification Summary	4. Particulars of Manufacturer	 	
2. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market	5. Supporting Attachments		
3. Particulars of Person Representing the Local Company	6. Confirmation		

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Fields marked with an asterisk * are mandatory.

5. Supporting Attachments
No attachment is required

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- No supporting attachment is required
- Click on **"Next"** to proceed to the next section

12. Section 6: Confirmation

Declaration	
1.	I hereby make application for the above particulars to be updated on behalf of the company I represent.
2.	I certify that the changes will not adversely affect the safety of the cosmetic products and their compliance with legislation governing cosmetic products.
3.	I hereby declare on behalf of the company I represent that the product in the notification meets all the requirements of ASEAN Cosmetic Directive its Annexes and Appendices which have been transposed into the local legislation.
4.	i. Ensure that the product's technical and safety information is made readily available to the regulatory authority concerned ("The Authority") and to keep records of the distribution of the products for product recall purposes; ii. Notify the Authority of fatal or life threatening serious adverse event as soon as possible by telephone, facsimile transmission, email or in writing, and in any case, no later than 7 calendar days after first knowledge; iii. Complete the Adverse Cosmetic Event Report Form within 8 calendar days from the date of my notification to the Authority in para 2ii. above, and to provide any other information as may be requested by the Authority; iv. Reports to the Authority of all other serious adverse events that are not fatal or life threatening as soon as possible, and in any case, no later than 15 calendar days after first knowledge, using the Adverse Cosmetic Event Report Form;
5.	I declare that the particulars given in this notification are true, all data, and information of relevance in relation to the notification have been supplied and that the documents enclosed are authentic or true copies.
6.	I understand that I shall be responsible for ensuring that each consignment of my product continues to meet all the legal requirements and all the requirements of the ASEAN Cosmetic Directive (ACD), including the Annexes of the ACD, and conforms to all the standards and specifications of the product that I have declared to the Authority.
7.	I understand that I cannot place reliance on the acceptance of my product notification by the authority in any legal proceedings concerning my product, in the event that my product has failed to conform to any of the standards or specifications that I had previously declared to the Authority.
<input type="radio"/> Accept <input type="radio"/> Decline <input type="radio"/>	

Payment Advice		
Sn	Description	Amount (SGD) CST
1	Update of Manufacturer's Details	0.00 N

The total payment for your notification is SGD **0.00**.

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- Read through the **"Declaration"** section and select **"Accept"**.
- Proceed to **"Validate"** the submission.
- The pop up box will indicate that the validation of the Global update is successful.
- Select **"Submit"** to make payment.

Helpdesk Contact

- 1) If you require any technical assistance regarding PRISM and cosmetic product notification, please contact the Helpdesk at:
Tel: 67760168
Email: helpdesk@hsahelp.gov.sg

- 2) Cosmetics Control Unit
Tel: 65 6866 1111
Email: HSA_Cosmetics_Control@hsa.gov.sg

The information in this Guideline shall be updated or revised from time-to-time. For any new, addition, amendments or deletion made to this Guideline, please refer to the latest version in our website www.hsa.gov.sg.