

Notification Form to Deactivate HSA PIN

This Notification Form is to be submitted to the Health Sciences Authority (HSA) when the HSA PIN issued is not required by the person previously authorized to access HSA's e-Services in PRISM/MEDICS.

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- 1. This Form will take approximately 5 minutes to complete.
- 2. The following information will be needed:
 - Company CRIS Account Number
 - Name and Passport No. of the person(s) holding HSA PIN(s) to be deactivated
- 3. The following supporting documents are required to be attached:
 - A copy of your NRIC or relevant Work Pass with FIN (for foreign nationals working in Singapore)
 - A copy of your company's ACRA Business Profile dated less than 3 months

Please submit the completed Form and the supporting documents via email to HSA_CRIS@hsa.gov.sg.

We will inform you of the deactivation of the HSA PIN(s) by email within 4 working days.

For further clarification, please email your enquiry to HSA_CRIS@hsa.gov.sg

l,	(Name of Applica						nt), _	nt),			(NRIC/ FIN),	
being a Business Owner,	Partner, Directo	or, or	Corpo	rate Se	cretar	y of						
(name of company/busine	ess entity), notif	y HS	A that t	the pers	on(s)	who	se na	ame(s	s) and	d passpo	rt details prov	ided
below no longer require H	ISA PIN(s).											
Please deactivate the HS	A PIN(s) issued	l unde	er my (Compar	ny CR	IS A	ccour	nt sta	ted b	elow.		
CRIS Account Number:	С											
Particulars of HSA PIN(s) to be deactiv	/ated	:	Pas	sport	No.						
Name					sport							
I confirm that the informa	tion provided in	this fo	orm is	true an	d acc	urate						
Applicant's	s Signature							Da	ate of	Declara	tion	