

<u>GUIDE TO APPLICATION FOR AMENDMENT OF DEALER'S LICENCE</u> (IMPORTER, WHOLESALER AND MANUFACTURER)

This e-Application at MEDICS@HSA (Medical Device Information & Communication System) allows a company to make amendments to the Importer, Wholesaler and Manufacturer's licence.

The online <u>Amendment application</u> in MEDICS may take an average of 5 - 10 minutes to fill in.

The time taken varies depending on the number and sizes of the file attachments, configurations of your computer and network system, Internet performance, etc. For more information, please refer to https://www.hsa.gov.sg/e-services/medics.

Please note that the time stated above excludes time taken for preparatory work in relation to filing the online form (e.g. scanning documents for file attachments.)

INSTRUCTIONS

In order to use this e-Service in MEDICS, you must have all of the following:

- 1. Personal Access Authentication to log on
 - <u>CorpPass</u> (Singapore Corporate Access), a corporate digital identity for business and other entities to transact with Government online services, OR
 - <u>HSA PIN</u> (HSA Personal Identification Number), password for overseas individual, supplied by HSA
- 2. A CRIS Company Account for MEDICS (Client Registration & Identification Services), an account to enable a local company to gain access to MEDICS. See details at <u>cris@hsa</u>.
- 3. An active Importer, Wholesaler or Manufacturer Licence.



REFERENCES

The information in the following <u>Regulatory Guidance</u> details the requirements to submit an amendment of dealer licence application.

• GN-02: Guidance on Licensing of Manufacturers, Importers and Wholesalers of Medical Devices

PAYMENT

Please refer to the following page for information on fee and payment modes: <u>https://www.hsa.gov.sg/medical-devices/fees</u>.



SEARCH SCREEN

This search screen allows you to search for dealer's licence under your company. Eligible dealer's licence will be listed under the search result.

AME	NDMENT/Submission of upd	ate of Class A medical device ex	mption list/REGISTRATION/NOT	IFICATION
Search Work Items Licence/Registration/Notification : Licence/Registration/Notification No. :		Dealer's Licence	✓	
Devi	ce Proprietary/Brand Name :		Starts With V Click Search	
Searc	th Results			
Total	3 matching record(s)		Page 1 of 1 Go [first] [pre	vious] [next] [last]
S/No.	Licence/Registration/ Notification No.	Licence/Registration/Notification	Device Proprietary/Brand Name/Estab Type	Expiry Date
1.	ES	Dealer's Licence	Registrant	
2.	ESI	Dealer's Licence	Manufacturer	
3.	ES	Dealer's Licence	Importer	

Select **"Dealer's Licence"** from the Licence/Registration Type drop-down list and click **"Search"** to retrieve the dealer's licence accordingly.

After retrieving the dealer's licence, click on the appropriate licence no. to proceed.

ME0170 - DEALERS LICENCE > AMENDMENT/SUBMISSION OF UPDATE OF CLASS A MEDICAL DEVICE EXEMPTION LIST		
Amendment Type		
Licence No.	Dealer's Type	
ES(Importer	
Please select one of the following options	ical device exemption list	
The selected Dealer's Licence requires submission of Class A medical device exemption list prior to any import and supply of the Class A medical devices. Please select the "Submission of update of Class A medical device exemption list" to perform the submission. No payment is required for returns submission of update of Class A medical device exemption list.		
	Next Close	

Select "Licence amendment" and click "Next" to proceed to the online application form.



ONLINE APPLICATION FORM

The online application form consists of 6 parts.

To make an amendment, click on "Add/Edit Info" to access that section of the form

ME0170 - DEALERS LICENCE > Amendment					
APPLICATION FORM					
1. <u>Applicant Info</u> 4. <u>Class A Exemption List</u>	2. <u>Licence Info</u> 5. <u>Supporting Document(s)</u>	3. <u>Company Info</u> 6. <u>Remarks</u>	Please refer to the Guidelines on the		
Registration No. : ES0004833 Fields marked with asterisks * are r 1. APPLICANT INFO	nandatory.		_		
Change the following info if yo	u are applying on behalf of the	applicant.			
Name : *	Fax	C/Passport No. : *			
Email : *					
2. LICENCE INFO					
Please provide licence info.					
Wholesaler (CLASS A)					
Certification	Quality Systems Cold-chain Management	Certification Body	Expiry Date		
Approved Site Address(es)					
Approved Scope of Operations			Click Add (Edit Toto		
3. COMPANY INFO			Circk Addy Edit Tillo		
Please provide company info.					
Medics New Company					
Main Tel, No. :					
Contact Person : , Contact Tel.	No. :				
Contact Email :					
4. CLASS & EXEMPTION LIST			Click Add/Edit Info		
This section is not applicable f	or a Registrant and Wholesaler	application.			
5 SUPPOPTING DOCUMENT(e)					
Supporting document(s) shou	Id be submitted to the Authorit	y for evaluation.			
		CI	ick Attach/Remove Document		
6. REMARKS					
Remarks to LCB : (You may enter a maximum of up to 1000 characters.)			^		
			~		

At the end of the application form, there are 3 button options:

Button - Save Draft

Allows the applicant to save the Application Form for retrieval and submission at a later time. A transaction number will be assigned.

The saved Application Form can be retrieved from "My Drafts" in the Workbench@MEDICS.

Button – Confirm

Allows the applicant to confirm the completed Application Form and the company's declaration on the form before submitting it to MDB. To make any amendments, click on the "**<< Previous**" Button to return to the Application Form. Before the application is submitted, the applicant may print a copy of the application for his record.



Button – Close

Closes the application form without saving any changes made.

PART 1 – Applicant Info

The applicant refers to the individual designated by the company as contact point for any correspondence regarding this application. This section requires the applicant to fill in the following:

- 1) Name 2) NRIC/Passport No
- 3) Contact Telephone Number
- 4) Contact Fax Number
- 5) Contact E-mail

Items 1 to 3 are pre-populated from CRIS Company Account database and can be updated or replaced.

PART 2 – Licence Info

This section allows the applicant to update the following fields:

- Device Type
 Approved Site Address(es)
 Certification
- 4) Approved Scope of Operations

LICENCE INFO				
Dealer Type : • Device Type : •	Importer Medical Device Class CLASS A (LOW R CLASS B, CLASS (HIGHER RISK)	In Vitro Diagnostic (IVD) ISK)	D, CLASS B IVD (HIGHER RISK)	
Approved Site	Address(es) *			
1.		Click Add/Edit Info		
Certification *	Quality Systems	Certification Body	Expiry Date	
	15013485		(dd/mm/aaav)	
	Declaration of Conform	ity to Quality Management System (QMS):	(50/111/ yyyy) ISO13485	
	GDPMDS (Certification	Body)		
	-Select Certification Bo	dy-	V (dd/mm/yyyy)	
	Secondary Assembly			
	Cold-chain Managemer			
	Declaration of Conform	nity to Quality Management System (QMS):	GDPMDS	
	Exempted from GDPMD)S (Medical devices solely for non-clinical a	ind/or import for re-export only)	
	via -	•		
Approved Scop	e d			

Click the "Update Form" Button when the changes are completed.



Amendment fees will be triggered for any change in the following fields:

- 1) Quality Systems
- 2) Certification Body
- 3) Approved Scope of Operations

PART 3 – Company Info

The details in this section can only be changed via MEDICS E-service, Change@medics, "Change of Business Information".

PART 4 – Class A Exemption List

This section is not applicable for amendment applications.

PART 5 – Supporting Documents

The supporting documents are attached by browsing the local storage devices for the documents using the "**Browse**" button. Then click the "**Add Attachment**" button to attach these documents.

To remove documents from the "list of documents attached", select the corresponding checkbox and click "Remove Attachment".

APPLICATION FORM			
1. Applicant Info 4. Class A Exemption List	2. Licence Info 5. Supporting Document(s)	3. Company Info 6. Remarks	Please refer to the Guidelines on the
SUPPORTING DOCUMENT(s)			
Please attach the following docu	ment(s) by typing in the path or clic	k on the browse button.	
For dealers dealing with Me	dical Devices of all risk classes		
1. ISO 13485 certificate or GDP	MDS certificate		Browse
2. Annex 1: Declaration of exen (for importer or wholesaler devices solely for non-clinic re-export only)	aption from GDPMDS dealing with medical cal and/or import for		Browse
For dealers dealing solely w product registration)	ith Class A Medical Devices (Cla	ss A sterile and non-sterile	are exempted from
3. Annex 5: Declaration of confe GDPMDS(for importer, whole manufacturer only)	ormity to ISO 13485 or saler and		Browse
	ss B/C/and/or D Medical Device	es (higher risk class devices	;)
For dealers dealing with Cla	MDS certificate		Browse
4. ISO 13485 certificate or GDP	noo cerandace		Browse
4. ISO 13485 certificate or GDP 5. Annex 1: Declaration of exen (for importer or wholesaler devices solely for non-clinic re-export only)	nption from GDPMDS dealing with medical al and/or import for		

PART 6 – Remarks

This section is for you (the applicant) to insert any remarks to MDB regarding the application.

END OF DOCUMENT