

GUIDE TO APPLICATION FOR CANCELLATION OF LICENCE / REGISTRATION / NOTIFICATION

This e-Application at MEDICS@HSA (Medical Device Information & Communication System) allows a Registrant to submit a cancellation of licence, registration or notification that had been approved.

The online [Cancellation of Licence / Registration / Notification](#) in MEDICS may take an average of 10-15 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

- [CorpPass](#) (Singapore Corporate Access), a corporate digital identity for business and other entities to transact with Government online services, OR
- [HSA PIN](#) (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 cris@hsa.

3. A Registrant Account that is held by a local company who registers medical devices on behalf of a Product Owner.

In the application, you will be required to provide the following information

1) Type of Licence, Registration and Notification

- a. Dealer's Licences (Registrant, Wholesaler, Importer, Manufacturer)

CAUTION

With the cancellation of a Dealer's Licence,

- All E-services access rights will be terminated
- All listings or notifications made under the dealer's licence will be cancelled

- b. Higher Risk Medical Devices listed on Singapore Medical Device Register
c. Notification for Export

PAYMENT

No fees are applicable for Cancellation applications.

CANCELLATION SEARCH SCREEN

This search screen allows you to search for and select the approved applications for cancellation.

MD4100 - CANCELLATION OF LICENCE/REGISTRATION/NOTIFICATION

CANCELLATION OF LICENCE/REGISTRATION/NOTIFICATION

Search Work Items

Licence/Registration/Notification :

Licence/Registration/Notification No. :

Device Proprietary/Brand Name : Starts With [Click Search](#)

You may select the type of application from a drop-down list, or search by

- (a) Licence / Registration / Notification No.
- (b) Device Proprietary / Brand Name

Click "Search" to retrieve relevant applications.

The list of applications based on the search criteria that are eligible for cancellation will be displayed.

To proceed with cancellation, please click on the relevant "Licence / Registration / Notification No" link in the results table.

MD4100 - CANCELLATION OF LICENCE/REGISTRATION/NOTIFICATION

CANCELLATION OF LICENCE/REGISTRATION/NOTIFICATION

Search Work Items

Licence/Registration/Notification :

Licence/Registration/Notification No. :

Device Proprietary/Brand Name : Starts With [Click Search](#)

Search Results

Total 1 matching record(s) Page of 1 [first] | [previous] | [next] | [last]

S/No.	Licence/Registration/Notification No.	Licence/Registration/Notification	Device Proprietary/Brand Name/Dealer Type	Expiry Date
1.	ES	Dealer's Licence	Registrant	

ONLINE APPLICATION FORM FOR CANCELLATION

This online application form consists of 3 sections for Dealer's Licence and Notification Cancellations, and 4 sections for High Risk Medical Device Cancellations.

Dealer's Licence / Notification Cancellations:

MD4200 - CANCELLATION OF LICENCE/REGISTRATION/NOTIFICATION > Dealer's Licence

APPLICATION FORM

1. [Applicant Info](#) 2. [Licence/Registration/Notification Info](#) 3. [Cancellation Info](#) [Please refer to the Guidelines on the...](#)

Fields marked with asterisks * are mandatory.

1. APPLICANT INFO

Change the following info if you are applying on behalf of the applicant.

Name : * NRIC/Passport No. : *
Tel No. : * Fax No. : *
Email : *

2. LICENCE/REGISTRATION/NOTIFICATION INFO

Click the hyperlink provided below to view the application details.

Licence/Registration/Notification : Dealer's Licence
Licence/Registration/Notification No. : [ES00](#)
Dealer Type : Registrant

Click these links to view device(s) and/or pending job(s) that is/are affected by cancellation of this Dealer's Licence :
[Devices](#) [Pending Jobs](#)

3. CANCELLATION INFO

Please provide cancellation info.

Reason for Cancellation :
(You may enter a maximum of up to 500 characters.)

High Risk Medical Device Cancellations:

MD4200 - CANCELLATION OF LICENCE/REGISTRATION/NOTIFICATION > Registration for High Risk Medical Device

APPLICATION FORM

1. [Applicant Info](#) 2. [Licence/Registration/Notification Info](#) 3. [Cancellation Info](#) 4. [Declaration](#) [Please refer to the Guidelines on the...](#)

Fields marked with asterisks * are mandatory.

1. APPLICANT INFO

Change the following info if you are applying on behalf of the applicant.

Name : * NRIC/Passport No. : *
Tel No. : * Fax No. : *
Email : *

2. LICENCE/REGISTRATION/NOTIFICATION INFO

Click the hyperlink provided below to view the application details.

Licence/Registration/Notification : Registration for High Risk Medical Device
Licence/Registration/Notification No. : [DE00](#)
Device Proprietary/Brand Name :

3. CANCELLATION INFO

Please provide cancellation info.

Reason for Cancellation :
(You may enter a maximum of up to 500 characters.)

4. DECLARATION

Please select one of the following.

I attest to the possession of records of supply and records of complaints, up to the cancellation date of the medical device listing(s), for the registered medical device(s). I am obliged to maintain these records for the period stipulated in the *Health Products (Medical Devices) Regulations* and provide such records when requested by the Authority.

I am no longer registered with Accounting and Corporate Regulatory Authority of Singapore (ACRA) as a business entity. I attest that I have transferred records of supply and records of complaints of the registered medical device(s) to the Product Owner.

SECTION 1 – Applicant Info

The applicant refers to the individual designated by the company as contact point for any correspondence regarding this application.

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

SECTION 2 – Licence / Registration / Notification Info

Item 1: Shows the type of application for cancellation

Item 2: Lists the Licence number: you may click on the number to view complete info of the application

For Dealer's Licence cancellations,

There are additional two hyperlinks to view device(s) and/or pending job(s) that is/are affected by cancellation of an Dealer's Licence.

Click on '**Devices**' - to view a list all the devices that will affected by cancellation of the dealer's licence

- For Medical Device listed on SMDR
 - Devices are group by Product Owner.
 - Device details include: Device name; Device Class; Registration #; Expiry Date
- For Notification for Export/Import
 - Devices are group by notification type
 - Device details include: Device name; Registration #; Expiry Date

Click on "**Pending jobs**" to view a list of all jobs that will be affected (Jobs having Job Status of "Pending" or "Input Request") in the following format.

- i. S/No.*
- ii. Submission Date*
- iii. Job Reference No.*
- iv. Job Type*
- v. Status*

SECTION 3 – Cancellation Info

In this Section, you may enter the "**Reason for cancellation**" in the space provided.

SECTION 4 – Declaration (Only for Cancellation of High Risk Medical Devices)

Select the declaration relevant to you to submit for cancellation.

END OF DOCUMENT