**APPLICATION FOR A CERTIFICATE OF FREE SALE FOR**

**CLASS 1 CELL, TISSUE AND GENE THERAPY PRODUCTS (CTGTP)**

**NOTES:**

1. Your company must have a [CRIS](http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/CRIS.html) account with HSA and obtain a client code in order to submit this application.
2. This form should be completed by the applicant who is authorised by the company. The applicant will be the point of contact for all matters related to this application.
3. This form may take you 20 minutes to fill in. You will need the following information to fill in the form:
4. Details on Company, applicant and list of importing countries
5. Details on the CTGTP, the manufacturer(s), distributor(s) and product owner
6. Supporting documents
7. If the fields provided in any section of this form is insufficient, please click onto the repeat section content control [+] at that section.
8. This completed form with its relevant supporting documents should be submitted as a PDF attachment in the online FormSG – [CTGTP Dealer’s Submission](https://go.gov.sg/ctgtp-dealers-submission). Corppass is required to access this FormSG. For more information, please visit the [Corppass website](http://www.corppass.gov.sg/).

**APPLICATION FOR A CERTIFICATE OF FREE SALE FOR A**

**CLASS 1 CELL, TISSUE AND GENE THERAPY PRODUCT (CTGTP)**

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| **Section 1 - Company Particulars** | |
| 1.1 Name of Company | Click or tap here to enter text. |
| 1.2 UEN and Client Code | Click or tap here to enter text. |
| 1.3 Company Address | |
| 1.3.1 Postal Code | Click or tap here to enter text. |
| 1.3.2 Block/House No. | Click or tap here to enter text. |
| 1.3.3 Level – Unit | Click or tap here to enter text. |
| 1.3.4 Street Name | Click or tap here to enter text. |
| 1.4.5 Building Name | Click or tap here to enter text. |
| 1.4 Billing Address *(if different from Company Address)* | |
| 1.4.1 Postal Code | Click or tap here to enter text. |
| 1.4.2 Block/House No. | Click or tap here to enter text. |
| 1.4.3 Level – Unit | Click or tap here to enter text. |
| 1.4.4 Street Name | Click or tap here to enter text. |
| 1.4.5 Building Name | Click or tap here to enter text. |
| **Section 2 - Applicant Particulars** | |
| 2.1 Name (as in NRIC/FIN) | Click or tap here to enter text. |
| 2.2 Designation | Click or tap here to enter text. |
| 2.3 Contact number | Click or tap here to enter text. |
| 2.4 Email address | Click or tap here to enter text. |
| **Section 3 - Importing Country/Countries (maximum 5 countries)** | |
| 3.1 Name of importing country | Click or tap here to enter text. |
| 3.2 Name of importing country | Click or tap here to enter text. |
| 3.3 Name of importing country | Click or tap here to enter text. |
| 3.4 Name of importing country | Click or tap here to enter text. |
| 3.5 Name of importing country | Click or tap here to enter text. |

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| **Section 4 - Particulars of the Class 1 CTGTP** | |
| 4.1 Product Notification Number | Click or tap here to enter text. |
| 4.2 Date of approval of notification | Click or tap here to enter text. |
| 4.3 Details on the product(s)  *(Please provide information on the products(s) in the Schedule below or in an attachment if the space here is insufficient)*  **THE SCHEDULE**   |  |  |  |  | | --- | --- | --- | --- | | **No.** | **PROPRIETARY/ BRAND NAME (AND DESCRIPTION)** | **PRODUCT CODE** | **INTENDED USE** | | 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |  |  |  |  | | |

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| **Section 5 - Particulars of Product Owner** | |
| 5.1 Name of Product Owner | Click or tap here to enter text. |
| 5.2 Address of Product Owner | |
| 5.2.1 Postal Code | Click or tap here to enter text. |
| 5.2.2 Block/House No | Click or tap here to enter text. |
| 5.2.3 Level – Unit | Click or tap here to enter text. |
| 5.2.4 Street Name | Click or tap here to enter text. |
| 5.2.5 Building Name | Click or tap here to enter text. |
| 5.2.6 Country | Click or tap here to enter text. |
| **Section 6 - Particulars of Manufacturer(s)** | |
| 6.1 Name of Manufacturer | Click or tap here to enter text. |
| 6.2 Address of Manufacturer | |
| 6.2.1 Postal Code | Click or tap here to enter text. |
| 6.2.2 Block/House No | Click or tap here to enter text. |
| 6.2.3 Level – Unit | Click or tap here to enter text. |
| 6.2.4 Street Name | Click or tap here to enter text. |
| 6.2.5 Building Name | Click or tap here to enter text. |
| 6.2.6 Country | Click or tap here to enter text. |
|  | |
| **Section 7 - Particulars of Local Distributor(s), if any** | |
| 7.1 Name of Distributor | Click or tap here to enter text. |
| 7.2 Address of Distributor | |
| 7.2.1 Postal Code | Click or tap here to enter text. |
| 7.2.2 Block/House No | Click or tap here to enter text. |
| 7.2.3 Level – Unit | Click or tap here to enter text. |
| 7.2.4 Street Name | Click or tap here to enter text. |
| 7.2.5 Building Name | Click or tap here to enter text. |
| 7.2.6 Country | Click or tap here to enter text. |
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| **Section 8 - Supporting Documents** | |
| The Schedule (following format in Section 4.3 above), if needed  Other supporting documents | |
| **Section 9 -** **Declaration** | |
| I, on behalf of my company, confirm that the information submitted in this application is true and accurate.  I, on behalf of my company, confirm that there are no additional amendments made to this application or to the attachments thereof. | |
| Name of applicant:  Click or tap here to enter text. | Signature and Date\*: |

\*Please sign with digital signature after saving this file in PDF format.

**Application Fee**

|  |  |
| --- | --- |
| **Certificate for CTGTP intended for export (Certificate of free sale)** | $116 |

An invoice for the applicable fee will be sent to the company. For companies on the GIRO scheme, the fee will be deducted from the GIRO-linked bank account. For companies not on the GIRO scheme, the fee can be made by bank transfer. More information will be provided on the invoice.