

Manual Submission of Importer and/or Wholesaler's Licence for Oral Dental Gums New/Amend/Renew/Cancel Applications

**Please be informed that the application of Importer and/or Wholesaler's Licence for Oral Dental Gums is to be submitted offline with effect on 1st

November 2016.

Note to Applicant:

Amend/Renew (Applicable for payment via non-GIRO only)/New Application

- a. Please download the form at PRISM e-services.
- b. The form should be completed in English.
- c. Please ensure that all mandatory fields (Fields marked with an asterisk*) are completed, including the declaration section. **Incomplete forms will not be processed and will be rejected**.
- d. Please send the completed form and related attachments to: Email: HSA Cosmetics Control@hsa.gov.sg, Fax: (65) 6478 9754 or Address: 11 Biopolis Way #11-01 Helios Singapore 138667
- e. You will be contacted for payment when the application is being processed.

Cancel Application

f. Please write in to <u>HSA_Cosmetics_Control@hsa.gov.sg</u> if you wish to submit a cancellation application.

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FOR OFFICIAL USE	
Date received:	
Application No:	
Cheque/Credit Card/GIRO No:	
Cheque/Credit Card/GIRO Amount:	

HEALTH SCIENCES AUTHORITY

APPLICATION FOR AN IMPORTER'S LICENCE FOR ORAL DENTAL GUM

☑ Tick where applicable Fields marked with an asterisk * are mandatory. **Company Particulars** [1] 1.1 Name*: 1.2 Company Address 1.2.1 Address Type*: Local 1.2.2 Postal Code*: 1.2.3 Block/No*: 1.2.4 Level – Unit*: 1.2.5 Street Name: 1.2.6 Building Name: 1.2.7 Country*: 1.3 Tel:* 1.4 Fax:

1.6 Billing Address 1.6.1 Address Type*: Local 1.6.2 Postal Code*: 1.6.3 Block/No*: 1.6.4 Level-Unit*: 1.6.5 Street Name: 1.6.6 Building Name: 1.6.7 Country*: 1.7 Tel*: 1.8 Fax: 1.9 Unique Entity No (UEN): [2] Applicant Particulars 2.1 Name*: 2.2 NRIC/FIN*: 2.3 Designation*: 2.4 Contact Details 2.4.1 Tel*: 2.4.2 Fax:

1.5 Is Billing Address the same as the Company Address*? Yes/No

2.4.	3 Han	dpł	non	e*	:[
2.4.4 Email:																								
2.5	Pref	ere	enc	es	i																			
2.5.1 Preferred Contact Mode*: Email/Fax/SMS Note: Please ensure that the relevant contact details above are entered for your preferred contact mode. Please note that this preferred contact mode is the mode which you will receive the final notification of this application. During the course of this application, you will receive our input requests (i.e. queries), if any, via email if you have indicated your email address above, regardless of your selected preferred contact mode																								
[3]	Sto	ore	Pa	rti	cu	lar	S																	
3.1	Nam	ne*:																						
3.2.	1 Add	res	s T	ур	e*:	Lo	ca	I																
3.2.	2 Post	tal (Cod	de'	·:																			
3.2.	3 Bloc	k/N	lo*	:					Τ		3.	2.4	1 Le	eve	əl —	· Uı	nit*	:]
3.2.	5 Stre	et l	Naı	me	:																			
3.2.	6 Buil	din	g N	lan	ne:																			
3.2.7 Country*:																								
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[4] Product(s)

4.1 List of oral dental gums to be imported*:

6/	No	Drand Nama		
3/	INO	Brand Name		
[6]	Doc	claration*		
[၁]	Dec	daration		
1.	l ha	ve been authorised by the company to r	make this app	lication.
2.	sub	ndertake to notify the Authority within 7 of mitted in this application and of any advital gums imported by the company.		
3.	rep	eclare that the particulars given in this a orts and information of relevance in re plied and that the documents enclosed	elation to the	application have been
			_	
	[Sigr	nature of Applicant]		[Date]
	[Na	ame of Applicant]		
Pay	ment	t Advice		
Sn 1		Description App n Ren Import Lic Oral Dental Gum	Amount ———	(SGD)
The	tota	payment for your application is		

Please make p	ayment using one of the following mode	es (please tick where	appropriate):
	Existing GIRO Client (Your bank account will b	ne deducted accordingly	
	For clients not on GIRO payment (please tick of	one of the below options)
	CREDIT CARD (please tick Visa or	Mastercard)	
	o Visa o Mastero	eard	
Name of Cardhol	der:	Card Expiry Date:	
Card No:		Charge Amount:	SGD
	CHEQUE		
Name of Bank:	Cheque No:	Amount:	SGD
1) Singaporo che	eques should be made payable to "Health Scien	acos Authority" and in SI	NGAPORE Dollare

- 1) Singapore cheques should be made payable to "Health Sciences Authority" and in SINGAPORE Dollars (SGD).
- 2) Please indicate company name, contact number and application details at the back of the cheque.

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