



**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](mailto: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 [HSA Cosmetics Control@hsa.gov.sg](mailto:HSA_Cosmetics_Control@hsa.gov.sg) if you wish to submit a cancellation application.

[4] Product(s)

4.1 List of oral dental gums to be imported*:

S/No	Brand Name

[5] Declaration*

1. I have been authorised by the company to make this application.
2. I undertake to notify the Authority within 7 days of any change in the particulars submitted in this application and of any adverse side effect reported on the oral dental gums imported by the company.
3. I declare that the particulars given in this application are true and that all data, reports and information of relevance in relation to the application have been supplied and that the documents enclosed are authentic or true copies.

[Signature of Applicant]

[Date]

[Name of Applicant]

Payment Advice

Sn	Description	Amount (SGD)
1	App n Ren Wholesale Lic Oral Dental Gum	_____

The total payment for your application is _____.

Please make payment using one of the following modes (please tick where appropriate):

Existing GIRO Client (*Your bank account will be deducted accordingly*)

For clients not on GIRO payment (*please tick one of the below options*)

CREDIT CARD (*please tick Visa or Mastercard*)

Visa

Mastercard

Name of Cardholder: _____

Card Expiry Date: _____

Card No: _____

Charge Amount: _____

SGD

CHEQUE

Name of Bank: _____

Cheque No: _____

Amount: _____

SGD

- 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.