



HEALTH PRODUCTS REGULATION GROUP
PERSONAL IMPORT APPLICATION FORM FOR MEDICAL DEVICES

Version No: 5

Effective Date: September 2018

Notes:

- a. Please submit this application form to HSA_MD_SA@hsa.gov.sg.
- b. Please ensure that all fields are completed, including the declaration in Section F.
Incomplete forms will not be processed and will be rejected.
- c. Please submit the following documents for our review:
 - i. Proof of Purchase
 - ii. Completed Personal Import Application Form as below
 - iii. Doctor Prescription/Memo, where applicable



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Version No: 4

Effective Date: May 2016

SECTION A - APPLICANT INFORMATION	
Salutation	
Applicant's Name	

Telephone Country Code			
Home Telephone No.		Mobile No.	
Office Telephone No.		Fax No.	
E-mail Address			
Block/House No			
Street Name			
Level		Unit	
Building			
City		State	
Country		Postal Code	

SECTION B - INTENDED USER OF THE MEDICAL DEVICE TO BE IMPORTED	
Is the products intended solely for your personal use or for your family member?	
If it is an importation for family member, fill up the details below:	
Name of Family Member	
Relationship to Applicant	



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SECTION C - MEDICAL DEVICE DETAILS				
1.	Product Name			
	Description			
	Quantity		Prescription	
	Duration of treatment as prescribed by Medical Practitioner		Duration of usage as recommended by manufacturer	
2.	Product Name			
	Description			
	Quantity		Prescription	
	Duration of treatment as prescribed by Medical Practitioner		Duration of usage as recommended by manufacturer	
3.	Product Name			
	Description			
	Quantity		Prescription	
	Duration of treatment as prescribed by Medical Practitioner		Duration of usage as recommended by manufacturer	
4.	Product Name			
	Description			
	Quantity		Prescription	
	Duration of treatment as prescribed by Medical Practitioner		Duration of usage as recommended by manufacturer	



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5.	Product Name			
	Description			
	Quantity		Prescription	
	Duration of treatment as prescribed by Medical Practitioner		Duration of usage as recommended by manufacturer	
6.	Product Name			
	Description			
	Quantity		Prescription	
	Duration of treatment as prescribed by Medical Practitioner		Duration of usage as recommended by manufacturer	
7.	Product Name			
	Description			
	Quantity		Prescription	
	Duration of treatment as prescribed by Medical Practitioner		Duration of usage as recommended by manufacturer	
8.	Product Name			
	Description			
	Quantity		Prescription	
	Duration of treatment as prescribed by Medical Practitioner		Duration of usage as recommended by manufacturer	

9.	Product Name			
	Description			
	Quantity		Prescription	
	Duration of treatment as prescribed by Medical Practitioner		Duration of usage as recommended by manufacturer	
10.	Product Name			
	Description			
	Quantity		Prescription	
	Duration of treatment as prescribed by Medical Practitioner		Duration of usage as recommended by manufacturer	

SECTION D - DETAILS AND MODE OF TRANSPORT			
Mode of Transport		Delivery Tracking No.	

SECTION E – APPLICATION HISTORY	
Have you imported the medical device(s) listed in this application for personal use before?	
If Yes:	
Personal Import License No.	
Date of License Issuance	

SECTION F - DECLARATION	
<input type="checkbox"/>	1) I declare that the particulars given in this application are true and that the supporting documents enclosed are authentic or true copies
<input type="checkbox"/>	2) Should my application be approved, I understand that the following conditions will be stipulated in the approval: <ul style="list-style-type: none"> a. The medical device(s) specified in this form is solely for my personal user or the personal use of a member of my family. There shall not be any sale or supply of the medical device(s) in Singapore. b. It is an offence to sell or supply medical devices that are subjected to control in Singapore without the required approval. c. The person named in this approval will undertake full responsibility on the use of the above-mentioned medical device in Singapore.