

To: Complementary Health Products Branch
Health Products Regulation Group
Health Sciences Authority
11 Biopolis Way #11-01 Helios Singapore 138667

UNDERTAKING FORM FOR WEBSITE ADDRESS OR QR CODE ON PACKAGING MATERIALS OF TRADITIONAL MEDICINES AND HEALTH SUPPLEMENTS FOR VOLUNTARY NOTIFICATION

Product name (including brand name): _____

Website address stated on packaging materials or linked from QR code on packaging materials: _____

I _____ (full name) being a person authorised by my company to submit the notification of the above product hereby undertake to:

- Ensure that the product claims on the website would not exceed the scope of allowable claims as stated in the Guidelines for Claims and Claims Substantiation of Traditional Medicines and Health Supplements.
- Apply for the relevant permits before carrying out any advertisement or sales promotion of the above product, where applicable. I understand that notification of the above product does not imply that the product name and/or its claims will be allowed for advertising purposes.
- Not use HSA's correspondence on the product notification of Traditional Medicines and Health Supplements as a marketing tool to advertise or promote the above product.
- Not suggest that the use of the product is promoted or endorsed by HSA.

Signature: _____

Designation: _____

Name of company: _____

Email: _____

Date: _____