

**FORM 32-A
APPLICATION FOR IMPORTATION OF
UNREGISTERED MEDICAL DEVICES
FOR EXHIBITION**



SECTION A: DETAILS OF EXHIBITION

Name: _____

Period: _____

**Medical Devices Cluster
Health Products Regulation Group**
11 Biopolis Way, Helios, #11-01,
Singapore 138667
Tel: 65 6866 1111 Fax: 65 6478 9028
Website: www.hsa.gov.sg

SECTION B: MODE OF IMPORTATION (tick one only)

Email: hsa_md_info@hsa.gov.sg

Via Cargo

Via Hand-carry

SECTION C: SUPPORTING DOCUMENTS (to be submitted with this application)

Information of Event (Eg. Brochures, official website)

Passport Page with Personal Particulars of Importer (For hand-carry only)

SECTION D: DETAILS OF IMPORTER

| | |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Name of Company | |
| Address of Company | |
| Unique Entity Number (For Singapore registered entity only) | |
| Name of Applicant NRIC or Passport Number | |
| Contact Details (Contact Number & Email) | Contact No: |
| | Email: |
| Does the company already hold medical device importer's licence with HSA? | Yes / No (<i>delete as appropriate</i>) Importer's licence number : ES _____ |

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SECTION E: DECLARATION BY APPLICANT

With reference to the information listed in Sections A, B, C and D of this form:

- (i) I, on behalf of my company, confirm that the information submitted in this application is true and accurate.
- (ii) I am aware of my duties and obligations under Part VIII of the Health Products Act and shall ensure that they are performed.
- (iii) I shall comply fully with the conditions imposed on the importer's licence upon its issuance.
- (iv) I am aware that supply of the unregistered medical devices imported for exhibition purposes is prohibited and constitutes an offence under Section 15 of the Health Products Act.

All applicants under the Health Products Act (HPA) must comply with the HPA and its regulations. This is to ensure that all health products in Singapore meet the required standards of safety, quality and efficacy. Applicants must also comply with all other applicable laws and their regulations.

Name & Signature of Applicant

Date (dd/mmm/yyyy)

Name and Address of Company