



REPUBLIC OF SINGAPORE  
HEALTH SCIENCES AUTHORITY

APPLICATION FOR APPROVAL TO IMPORT THERAPEUTIC PRODUCTS  
(MEDICINES) INTO SINGAPORE FOR PERSONAL USE

E-Form ID: PTM

Version No: 7

Effective Date: 12 July 2019

Email the completed application form and copies of the requested supporting documents to our office (Email: [hsa\\_info@hsa.gov.sg](mailto:hsa_info@hsa.gov.sg))

Note:

1. This application is not required if you are remaining within the airport's transit zone while travelling through Singapore. However, prohibited products listed in [Appendix P](#) are not allowed to be imported even if you remain within the airport's transit zone while travelling through Singapore.
2. You are only allowed to import medicines for yourself or your family member.

Please **attach copies** of the following documents, preferably combined into a single PDF file, to support the application:

1. **Pharmacy dispensed label of the medicine and/or medical prescription** indicating the **name of the medicine**, the **prescribed dosage** and total **quantity** of the medicine

SECTION A – PARTICULARS OF PERSON BRINGING THE MEDICINE			
Name (as shown in passport)			
Passport No.		Gender	
Nationality		Country of residence	
Email address			
If the person requiring the medicine is not the person above, please provide further details:			
Name of person requiring medicine		Relationship to applicant above	

SECTION B – TRAVEL DETAILS			
No.	Expected Date of Arrival (DD/MM/YYYY)	Expected Date of Departure (DD/MM/YYYY)	Number of Days in Singapore
1.			
2.			
3.			
4.			



REPUBLIC OF SINGAPORE  
HEALTH SCIENCES AUTHORITY

APPLICATION FOR APPROVAL TO IMPORT THERAPEUTIC PRODUCTS  
INTO SINGAPORE FOR PERSONAL USE

E-Form ID: PTM

Version No: 7

Effective Date: 12 July 2019

**SECTION C – MEDICATION DETAILS (If insufficient, please add additional sheets as an attachment)**

No.	Trade Name of Medication	Dosage Form or Presentation <i>e.g. Tablets, Capsules</i>	Total Quantity to be imported <i>(number of tablets, or volume in ml)</i>	Name of Active Substance(s) in Medication	Strength of Active Substance(s) <i>in mg, or mg/ml</i>
<i>E.g.</i>	<i>Xanax 0.25mg</i>	<i>Tablet</i>	<i>7</i>	<i>Alprazolam</i>	<i>0.25mg</i>
1.					
2.					
3.					
4.					
5.					
6.					

**SECTION D – DECLARATION**

- 1) I declare that the particulars given in this application are true and that the supporting documents enclosed are authentic or true copies. Any inaccurate declaration will render the approval issued void.
- 2) Should my application be approved, I understand that the following conditions will be stipulated in the approval:
  - a. The medication(s) is solely for personal use. There shall not be any sale or supply of the medication(s) in Singapore.
  - b. It is an offence to sell or supply medications that are subjected to control in Singapore without the required approval.
  - c. The person named in the approval will undertake full responsibility on the use of the above-mentioned medication(s) in Singapore.

Submitted by:

*(name and signature of applicant)*

Date (DD/MM/YYYY):