

**HEALTH SCIENCES AUTHORITY
NOTIFICATION OF CHINESE PROPRIETARY MEDICINES (CPM) IMPORT AND
TEST REPORT SUBMISSION**

This notification form is to be submitted together with the test reports and the declaration on the absence of any poisons as defined in the Poisons Act (Cap. 234) and any active synthetic substance in the CPM to the Complementary Health Products Branch (CHPB) (Email: HSA_CPM@hsa.gov.sg).

SECTION A - PARTICULARS OF COMPANY AND PERSON IN-CHARGE

Name of Company			
Invoice(s) No			
Date of Invoice(s)			
Month/Year of import (if different from invoice date)			
Contact Person			
Telephone No.		Fax No.	
Email Address			

SECTION B - FOR OFFICIAL USE ONLY

<input type="checkbox"/> Test Reports received are complete and in order. You are advised to retain this acknowledgement till the expiry date of the imported CPM. <div style="text-align: center; border-top: 1px solid black; width: 40%; margin: 0 auto;"> _____ CHPB / Date </div>
<input type="checkbox"/> Test Reports received are not in order Reason: