

# **STEP-BY-STEP GUIDE ON COSMETIC PRODUCTS NOTIFICATION**

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## Introduction

Companies responsible for placing the cosmetic products in Singapore must notify the Health Sciences Authority (HSA) and receive an acknowledgement of notification before placing the products in the local market. The product notification is submitted via HSA online system PRISM (Pharmaceutical Regulatory Information System).

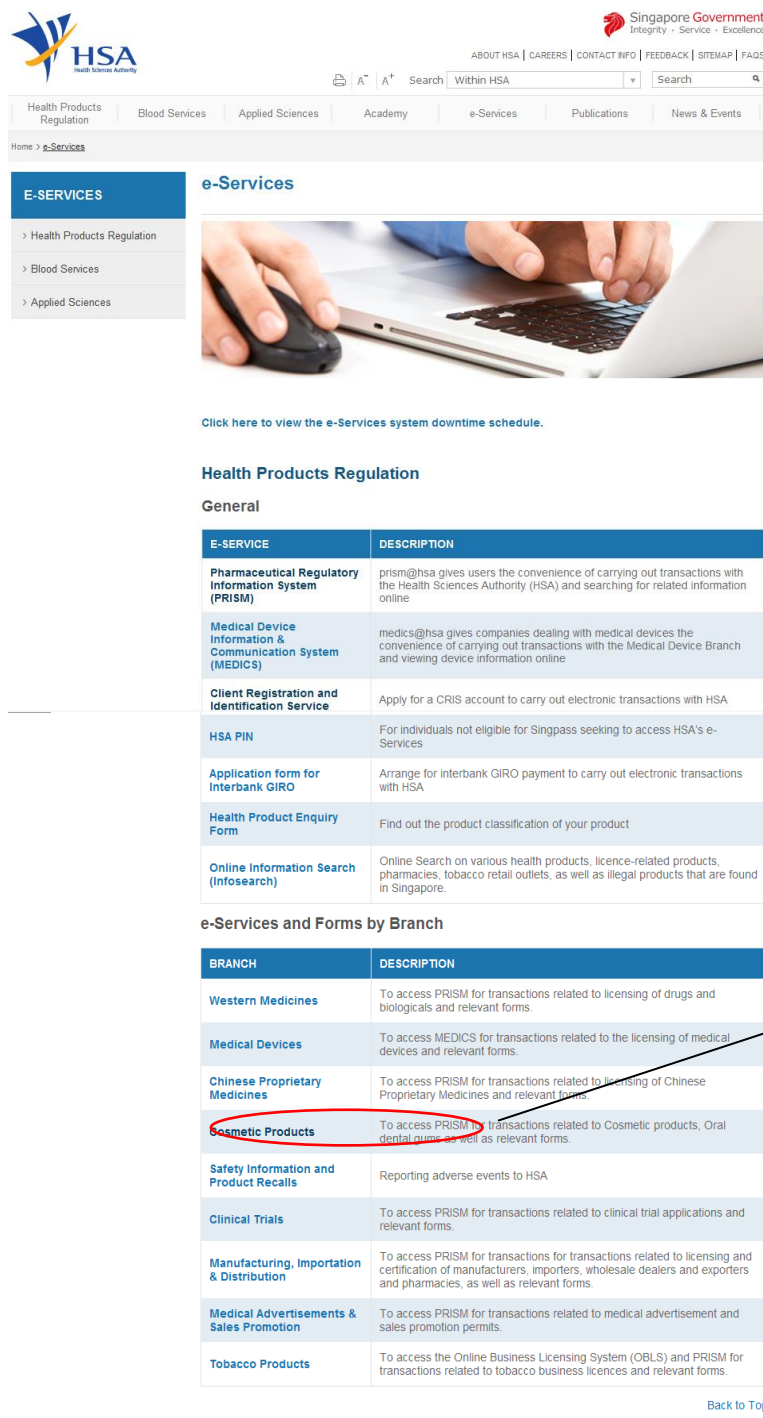
In order to access PRISM, please apply for CRIS (Client Registration and Identification Service) Company Account via the following website:

[http://www.hsa.gov.sg/content/hsa/en/Health\\_Products\\_Regulation/CRIS.html](http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/CRIS.html)

## How can my company apply for a cosmetic product notification?

a) To apply for a cosmetic product notification, please go to the following website:

<http://www.hsa.gov.sg/content/hsa/en/e-Services.html#HPRG>



The screenshot shows the HSA e-Services website. The top navigation bar includes links for ABOUT HSA, CAREERS, CONTACT INFO, FEEDBACK, SITEMAP, and FAQs. The main menu on the left lists Health Products Regulation, Blood Services, Applied Sciences, Academy, e-Services, Publications, and News & Events. The e-Services section is highlighted, and the Health Products Regulation (HPRG) sub-section is selected. Below this, a table lists various e-Services and their descriptions. A red circle highlights the 'Cosmetic Products' entry in the 'e-Services and Forms by Branch' table, with an arrow pointing to a callout box.

**Health Products Regulation**

**General**

E-SERVICE	DESCRIPTION
<b>Pharmaceutical Regulatory Information System (PRISM)</b>	prism@hsa gives users the convenience of carrying out transactions with the Health Sciences Authority (HSA) and searching for related information online
<b>Medical Device Information &amp; Communication System (MEDICS)</b>	medics@hsa gives companies dealing with medical devices the convenience of carrying out transactions with the Medical Device Branch and viewing device information online
<b>Client Registration and Identification Service</b>	Apply for a CRIS account to carry out electronic transactions with HSA
<b>HSA PIN</b>	For individuals not eligible for Singpass seeking to access HSA's e-Services
<b>Application form for Interbank GIRO</b>	Arrange for interbank GIRO payment to carry out electronic transactions with HSA
<b>Health Product Enquiry Form</b>	Find out the product classification of your product
<b>Online Information Search (Infosearch)</b>	Online Search on various health products, licence-related products, pharmacies, tobacco retail outlets, as well as illegal products that are found in Singapore.

**e-Services and Forms by Branch**

BRANCH	DESCRIPTION
<b>Western Medicines</b>	To access PRISM for transactions related to licensing of drugs and biologicals and relevant forms.
<b>Medical Devices</b>	To access MEDICS for transactions related to the licensing of medical devices and relevant forms.
<b>Chinese Proprietary Medicines</b>	To access PRISM for transactions related to licensing of Chinese Proprietary Medicines and relevant forms.
<b>Cosmetic Products</b>	To access PRISM for transactions related to Cosmetic products, Oral dental products as well as relevant forms.
<b>Safety Information and Product Recalls</b>	Reporting adverse events to HSA
<b>Clinical Trials</b>	To access PRISM for transactions related to clinical trial applications and relevant forms.
<b>Manufacturing, Importation &amp; Distribution</b>	To access PRISM for transactions for transactions related to licensing and certification of manufacturers, importers, wholesale dealers and exporters and pharmacies, as well as relevant forms.
<b>Medical Advertisements &amp; Sales Promotion</b>	To access PRISM for transactions related to medical advertisement and sales promotion permits.
<b>Tobacco Products</b>	To access the Online Business Licensing System (OBLIS) and PRISM for transactions related to tobacco business licences and relevant forms.

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b) Click on **"Cosmetic Products"**.



ABOUT HSA | CAREERS | CONTACT INFO | FEEDBACK | SITEMAP | FAQs

Search Within HSA Search

Health Products Regulation | Blood Services | Applied Sciences | Academy | e-Services | Publications | News & Events

Home > Health Products Regulation > PRISM e-services > **Cosmetic Products / Oral Dental Gums**

### HEALTH PRODUCTS REGULATION

- > Western Medicines
- > Medical Devices
- > Complementary Health Products
- > **Cosmetic Products**
- > Clinical Trials
- > Tobacco Control
- > Manufacturing, Importation & Distribution
- > Medical Advertisements & Sales Promotion
- > Safety Information and Product Recalls
- > Useful Information for Applicants
- > Industry Engagement & Development
- > Consumer Information

## Cosmetic Products / Oral Dental Gums

- > Make an application
- > Track application status
- > Withdraw application
- > Cancel notification / licence
- > Amend licence
- > Auto Renewal Preference
- > Re-notification / Renew licence
- > Notification / Licencing history
- > Online information search

### Make an Application - [apply@prism](mailto:apply@prism)

- > **Apply for Cosmetic Product Notification [View guide]**
- > Apply for Product Licence for Oral Dental Gum
- > Apply for Import / Wholesale Dealer's Licence for Oral Dental Gum
- > Apply for Good Manufacturing Practice Certificate
- > Apply for Good Distribution Practice Certificate

### Track Application Status - [track@prism](mailto:track@prism)

- > My Processed Applications
- > My Pending Applications
- > My Draft Applications

All draft applications will be saved in the system for only 7 days after the latest update. To save a draft application in the system for another 7 days, please [ExtendDraft@PRISM](mailto:ExtendDraft@PRISM).

### Withdraw Application - [withdraw@prism](mailto:withdraw@prism)

- > Withdraw Product Licence Application for Oral Dental Gum
- > Withdraw Import / Wholesale Dealer's Licence Application for Oral Dental Gum
- > Withdraw Application for Good Manufacturing Practice Certificate
- > Withdraw Application for Good Distribution Practice Certificate

### Cancel Notification / Licence - [cancel@prism](mailto:cancel@prism)

- > Cancel Cosmetic Product Notification [View guide]
- > Cancel Product Licence for Oral Dental Gum
- > Cancel Import / Wholesale Dealer's Licence for Oral Dental Gum

### Amend Licence - [amend@prism](mailto:amend@prism)

- > Amend Product Licence for Oral Dental Gum
- > Amend Import / Wholesale Dealer's Licence for Oral Dental Gum
- > Amend Company Information
- > Amend Applicant's Details for licences and notifications

For global amendments to Importer Particulars, Store Particulars, Manufacturer Particulars, Assembler Particulars and Product Owners, please use this link instead:

- > [Global Updates of Manufacturer / Assembler/ Store/ Importer Details](#)

### Auto Renewal Preference (Applicable for payment via GIRO only)

- > Auto Renewal Preference

### Re-notification / Renew Licence - [renew@prism](mailto:renew@prism)

- > Cosmetic Product Re-notification (Renew Cosmetic Product Notification) [View guide]
- > Renew Product Licence for Oral Dental Gum
- > Renew Import / Wholesale Dealer's Licence for Oral Dental Gum

### Notifications / Licencing History - [enquire@prism](mailto:enquire@prism)

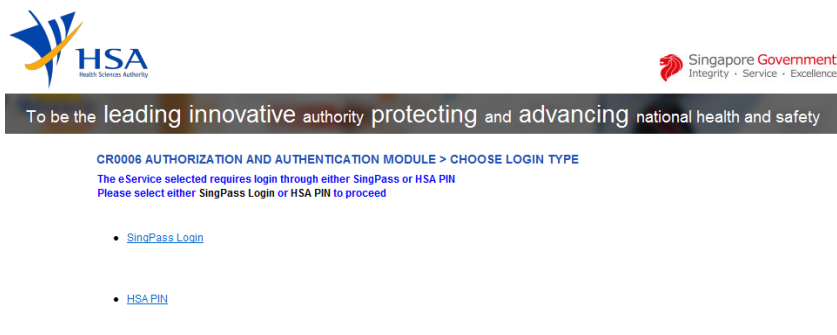
- > View my Cosmetic Product Notifications
- > View my Oral Dental Gum Licences

### Online Information Search

- > Notified Cosmetic Products
- > Licenced Oral Dental Gums
- > Companies Licensed to Import, Wholesale or Manufacture Health Products

c) Click on “**Apply for Cosmetic Product Notification**”.

- d) Thereafter, you will be directed to the following page:
- Login using SingPass or HSA Pin



- e) The page will be redirected to SingPass Login page.
- f) Upon successful authentication, a welcome page will be shown. Click “**Accept/Continue**” to proceed with the eService. You will be directed to the online application form. The application form consists of 8 sections

1	Particulars of local company responsible for placing the cosmetic product in the market
2	Particulars of person authorised to represent the local company
3	Particulars of importer(s)
4	Particulars of store(s)
5	Particulars of manufacturer(s) and assembler(s)
6	Particulars of product
7	Supporting document(s)
8	Declaration, validation, confirmation, & payment

*\* It is recommended for users to fill in the application form details in a systematic manner \**  
**PLEASE FILL IN ALL SECTIONS IN ENGLISH**

To note:

- A HSA Pin holder or a drafter is able to fill up the form only. He or she is not authorised to submit the notification.
- A submitter can perform both form filling and notification submission
- CRIS Administrator can draft and submit a cosmetic product notification

(1) Section 1: Particulars of local company responsible for placing the cosmetic product in the market

**Fill in the application form** Guideline Help

1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market  
 2. Particulars of Person authorised to represent the local company  
 3. Particulars of Importer  
 4. Particulars of Store  
 5. Particulars of Manufacturer/Assembler  
 6. Particulars of Product  
 7. Supporting Attachments  
 8. Confirmation

Special Symbol Attach Save

**Next**

Fields marked with an asterisk \* are mandatory.

Please note that the billing address entered/amended will be updated to the central client database and will be used as the billing address for any subsequent billing to the company. This will apply to all other licences/applications of the company.

**1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market**

1.1 Name : \* FANCL VINCE ST  
 1.2 Location Code : 1  
**1.3 Company Address**  
 1.3.1 Address Type : \* Local  
 1.3.2 Postal Code : \* 520510  
 1.3.3 Block / House No : 510 1.3.4 Level - Unit : # 510 - 515  
 1.3.5 Street Name : TAMPINES CENTRAL 1  
 1.3.6 Building Name :  
 1.3.7 Country : Singapore  
 1.4 Tel : \* 61116 1.5 Fax : 62226  
 Your Fax No. is necessary for our future correspondence

- 1) Ensure that the details are accurate and corresponds to your company details. Fill in the Billing Address if the answer is "No" to section 1.6
- 2) Click **"Next"** to proceed to the next section.

*\* If the populated information of local company has been changed and the UEN number remains the same, please click "Amend Company Information" under the following weblink to change the information after you have submitted the notification \**

[http://www.hsa.gov.sg/content/hsa/en/Health\\_Products\\_Regulation/PRISM\\_e-services/Cosmetic\\_Products\\_Oral\\_Dental\\_Gums.html](http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/PRISM_e-services/Cosmetic_Products_Oral_Dental_Gums.html)

(2) Section 2: Particulars of person authorised to represent the local company

**PQ1001 APPLICATION FOR COSMETIC PRODUCT NOTIFICATION**

**Fill in the application form** Guideline Help

1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market  
 2. Particulars of Person authorised to represent the local company  
 3. Particulars of Importer  
 4. Particulars of Store  
 5. Particulars of Manufacturer/Assembler  
 6. Particulars of Product  
 7. Supporting Attachments  
 8. Confirmation

Special Symbol Attach Save

**Previous Next**

Fields marked with an asterisk \* are mandatory.

**2. Particulars of Person authorised to represent the local company**

2.1 Name : \* (as in NRIC/FIN)  
 2.2 NRIC/FIN : \* (Example: S1234567A, F1234567A)  
 2.3 Tel : \* 2.4 Fax :  
 2.5 Email : 2.6 Mobile :  
 2.7 Preferred Mode of Communication ? \* ☐ Email ☐ Fax ☐ SMS (optional)  
 2.8 Are you a service provider ? \* ☐ Yes ☐ No  
 If you are a service provider please attach letter of authorisation under section 7  
 2.9 Designation in Company : \*

**Previous Next Reset**

- 1) Fill in the details for:
  - ✓ Applicant's name
  - ✓ NRIC/FIN
  - ✓ Telephone number
  - ✓ Indicate Preferred Mode of Communication (more than one more can be selected), providing one detail for each mode
- 2) Click on **"Next"** to proceed to the next section.

(3) Section 3: Particulars of importer(s)

Fields marked with an asterisk \* are mandatory.

### 3. Particulars of Importer

3.1 Is/Are the products imported by your company? \* ☐ Yes ☒ No

3.2 Have you appointed other importers? \* ☒ Yes ☐ No  
If Yes, please specify name and address of the importer(s)

3.3 Name: \*

### 3.4 Importer Address

3.4.1 Address Type: \* Local

3.4.2 Postal Code: \*  [Retrieve Address](#)

3.4.3 Block / House No:  3.4.4 Level - Unit: #  -

3.4.5 Street Name:

3.4.6 Building Name:

3.4.7 Country: SINGAPORE

3.5 Tel: \*  3.6 Fax:

[New](#) [Save](#)

[Previous](#) [Next](#) [Reset](#)

- 1) For local importer, fill in the **Postal Code** and click on **"Retrieve Address"** - the data for Blk/House No, Street Name and Building Name will be automatically populated
- 3) Fill in the information for the **Level-Unit** if applicable
- 4) Fill in telephone number
- 5) Click on **"Save"** and **"Next"** to proceed to the next section
- 6) If there is more than one importer authorised by the distributor to import the product, click on **"New"** to add particulars of new importer after filling up and saving the details of the first record, before proceeding to the next section.

(4) Section 4: Particulars of store(s)

This refers to the particulars of the warehouse(s).

1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market  
2. Particulars of Person authorised to represent the local company  
3. Particulars of Importer

### 4. Particulars of Store

4.1 Name: \*

### 4.2 Store Address

4.2.1 Address Type: \* Local

4.2.2 Postal Code: \*  [Retrieve Address](#)

4.2.3 Block / House No:  4.2.4 Level - Unit: #  -

4.2.5 Street Name:

4.2.6 Building Name:

4.2.7 Country: SINGAPORE

4.3 Tel: \*  4.4 Fax:

[New](#) [Save](#)

[Previous](#) [Next](#) [Reset](#)

- 1) Fill in the Store name
- 2) Fill in the **Postal Code** and click on **"Retrieve Address"** - The data for Blk/House No, Street Name and Building Name will be automatically populated
- 3) Fill in the information for the **Level-Unit** if applicable
- 4) Fill in telephone number
- 5) Click on **"Save"** and **"Next"** to proceed to the next section
- 6) If there is more than one store, click on **"New"** to add particulars of new store after filling up and saving the details of the first record, before proceeding to the next section.

(5) Section 5: Particulars of manufacturer(s) and assembler(s)  
**Manufacturer Details**

Fields marked with an asterisk \* are mandatory.

**5. Manufacturer Details**

5.1 Name : \*

**5.2 Manufacturer Address**

5.2.1 Address Type : \* ☒ Local ☐ Overseas

5.2.2 Postal Code : \*  [Retrieve Address](#)

5.2.3 Block / House No :  5.2.4 Level - Unit : #  -

5.2.5 Street Name :

5.2.6 Building Name :

5.2.7 Country : SINGAPORE

5.3 Tel :  5.4 Fax :

[New](#) [Save](#)

*A Manufacturer is a company which is engaged in any process carried out in the course of making the cosmetic product. The manufacturing process includes all operations of purchase of starting materials, bulk intermediates and products, formulation and production (such as grinding, mixing, encapsulation and/or packaging), quality control, release, storage and distribution of cosmetic products and the related controls.*

Sn		List of Manufacturer
1	<input type="checkbox"/>	NCS Testing

[Remove](#)

**Assembler Details**

**5. Assembler Details**

Is/Are the assembler(s) the same as the manufacturer(s)?  
 If Yes, please select the manufacturer(s) and click Save  
 If No, please enter the assembler details below and click Save

Sn		List of Manufacturer
1	<input type="checkbox"/>	NCS Testing

[Save](#)

**5. Assembler Details**

5.5 Assembler Type : \* ☒ Primary ☐ Secondary

5.6 Name : \*

**5.7 Assembler Address**

5.7.1 Address Type : \* ☒ Local ☐ Overseas

5.7.2 Postal Code : \*  [Retrieve Address](#)

5.7.3 Block / House No :  5.7.4 Level - Unit : #  -

5.7.5 Street Name :

5.7.6 Building Name :

5.7.7 Country : SINGAPORE

5.8 Tel :  5.9 Fax :

[New](#) [Save](#)

*A primary assembler is a company which is engaged in a process of enclosing the product in a primary/immediate*

- 1) Provide the name of the Manufacturer
- 2) If it is a local manufacturer, fill in the **Postal Code** and click on **"Retrieve Address"**. The data for Blk/House No, Street Name and Building Name will be automatically populated. Otherwise, please fill in details accordingly
- 3) Fill in telephone number
- 4) Click on **"Save"** and **"Next"** to proceed to the next section
- 5) If there is more than one manufacturer, click on **"New"** to add particulars of new manufacturer after filling up and saving the details of the first record, before proceeding to the next section.

- 1) If the assembler is the same as the manufacturer, select the manufacturer and click on **"Save"**
- 2) If the assembler differs from the manufacturer, complete section 5.5 to 5.9. If it is a local assembler, fill in the **Postal Code** and click on **"Retrieve Address."** Otherwise, please fill in details accordingly
- 3) Click on **"Save"** and **"Next"** to proceed to the next section
- 4) If there is more than one assembler, click on **"New"** to add particulars of new assembler after filling up and saving the details of the first record, before proceeding to the next section.



(6) Section 6: Particulars of product

1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market  
2. Particulars of Person authorised to represent the local company  
3. Particulars of Importer  
4. Particulars of Store  
5. Particulars of Manufacturer/Assembler  
6. Particulars of Product  
7. Supporting Attachments  
8. Confirmation

Special Symbol Attach Save

Previous Next

Fields marked with an asterisk \* are mandatory.

**6. Particulars of Product**

6.1 Brand Name : \*

6.2 Product Name : \*

Type of Product : \* Select Type of Product

Anti-wrinkle  
Bases tinted (liquids, pastes, powders)  
Bath or shower preparations (salts, foams, o  
Deodorants and anti-perspirants  
Depilatories

Selected Type of Product

\*\* If in doubt, please seek clarification from the Cosmetics Control Unit(CCU). Tel 68663474 on the product type.  
\*\* You may select more than one product type.

☐ Single product ☐ A range of variants similar in composition for the same use but differs in colours, flavours etc.  
☐ Palette(s) in a range of one product type ☐ Combination products in a single kit

[Click here for a Presentation Type description](#)

\*\* If in doubt, please seek clarification from the Cosmetics Control Unit(CCU). Tel 68663474 on the product presentation.

6.5 Intended use(s) : \*

- 1) Key in the **“Brand Name”** and **“Product Name”** of your product according to the names appear on the product packaging
- 2) Select the **“Type of Product”** that reflects your product type.  
For example, if you are notifying an anti-wrinkle cream, please select “anti-wrinkle”

*\* Select the presentation type that best represents your product. You will be required to submit the ingredient list at point of cosmetic product notification for the following product types:*

- Eye products excluding eye brow products,
- Lip products,
- Hair dyes containing diamines and its salts,
- Oral and dental care products,
- Tooth whitening products > 0.1% - 6% OR >6% - 35% and
- Skin whitening products \*

## Product presentation type

*\*Please click “Guidelines on the control of Cosmetic Products” under the following weblink for the definitions of each product presentation type.\**

[http://www.hsa.gov.sg/content/hsa/en/Health\\_Products\\_Regulation/Cosmetic\\_Products/Overview.html](http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/Cosmetic_Products/Overview.html)

### a. Single product

**6. Particulars of Product**

6.1 Brand Name : \* Testing One

6.2 Product Name : Beauty Set

Type of Product : \* Select Type of Product

Bases tinted (liquids, pastes, powders)  
Bath or shower preparations (salts, foams, o  
Deodorants and anti-perspirants  
Depilatories  
External intimate hygiene products

Selected Type of Product

Anti-wrinkle

\*\* If in doubt, please seek clarification from the Cosmetics Control Unit(CCU). Tel 68663474 on the product type.  
\*\* You may select more than one product type.

☒ Single product ☐ A range of variants similar in composition for the same use but differs in colours, flavours etc.

☐ Palette(s) in a range of one product type ☐ Combination products in a single kit

[Click here for a Presentation Type description](#)

\*\* If in doubt, please seek clarification from the Cosmetics Control Unit(CCU). Tel 68663474 on the product presentation.

**Single Product**

Sno	Product Name
1.	Beauty Set

6.5 Intended use(s) : \*

Previous Next Reset

### b. A range of variants similar in composition for the same use but differs in colours, flavours etc.

**6. Particulars of Product**

6.1 Brand Name : \* Testing One

6.2 Product Name : Beauty Set

Type of Product : \* Select Type of Product

Bases tinted (liquids, pastes, powders)  
Bath or shower preparations (salts, foams, o  
Deodorants and anti-perspirants  
Depilatories  
External intimate hygiene products

Selected Type of Product

Anti-wrinkle

\*\* If in doubt, please seek clarification from the Cosmetics Control Unit(CCU). Tel 68663474 on the product type.  
\*\* You may select more than one product type.

☐ Single product ☒ A range of variants similar in composition for the same use but differs in colours, flavours etc.

☐ Palette(s) in a range of one product type ☐ Combination products in a single kit

[Click here for a Presentation Type description](#)

\*\* If in doubt, please seek clarification from the Cosmetics Control Unit(CCU). Tel 68663474 on the product presentation.

**Range of variants**

No. of Variant : \*

**List of Variants**

☐ Select All

Sno	Variant Name *
1	

New Variant Copy Variant Remove Variant

6.5 Intended use(s) : \*

Previous Next Reset

## c. Palette(s) in a range

Bath or shower preparations (salts, foams, o  
Deodorants and anti-perspirants  
Depilatories

\*\* If in doubt, please seek clarification from the Cosmetics Control Unit(CCU). Tel 68663474 on the product type.  
\*\* You may select more than one product type.

☐ Single product ☐ A range of variants similar in composition for the same use but differs in colours, flavours etc.  
☒ **Palette(s) in a range of one product type** ☐ Combination products in a single kit  
[Click here for a Presentation Type description](#)  
\*\* If in doubt, please seek clarification from the Cosmetics Control Unit(CCU). Tel 68663474 on the product presentation.

**Single Palette / Palettes in a range**

No of Palette Group \* 2

**Palette**

Palette Name \* Palette One

No of Variants/Component \* 2

**List of Variants**

☐ Select All

Sno	Variant Name *
1	Var 101
2	Var 202

☒ Select All **Palette Name**

6.5 Intended use(s) : \*

## d. Combination products in a single kit

**PQ1001 APPLICATION FOR COSMETIC PRODUCT NOTIFICATION**

**Fill in the application form** [Guideline](#) [Help](#)

1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market  
2. Particulars of Person authorised to represent the local company  
3. Particulars of Importer  
4. Particulars of Store  
5. Particulars of Manufacturer/Assembler  
6. **Particulars of Product**  
7. Supporting Attachments  
8. Confirmation

Fields marked with an asterisk \* are mandatory.

**6. Particulars of Product**

6.1 Brand Name : \* Festive

6.2 Product Name : \* Xmas Special  
150 characters left  
\*\* Please enter only one product name.

☐ Single product ☐ A range of variants similar in composition for the same use but differs in colours, flavours etc.  
☐ Palette(s) in a range of one product type ☒ **Combination products in a single kit**  
[Click here for a Presentation Type description](#)  
\*\* If in doubt, please seek clarification from the Cosmetics Control Unit(CCU). Tel 68663474 on the product presentation.  
\*\* You may select more than one product type for Combination products in a single kit.

**Combination products in a single kit**

No of Single Products \* 2

No of Range \* 1

No of Palette \* 1

**Single Product**

Product Name \*

Type of Product : \* Select Type of Product Selected Type of Product

## i) Single product section

**Single Product**

Product Name \*

Type of Product : \* **Select Type of Product**

**Select All**

	Product Name
<input type="checkbox"/>	<a href="#">Eye Mask</a>
<input type="checkbox"/>	<a href="#">Face Mask</a>

## ii) Range(s) of variants section

**Range**

Range Name \*

Type of Product : \* **Select Type of Product**

No of Variants \*

**List of Variants**

<input type="checkbox"/> Select All	Sno	Variant Name *
<input type="checkbox"/>	1	<input type="text" value="Pink"/>
<input type="checkbox"/>	2	<input type="text" value="Nude"/>
<input type="checkbox"/>	3	<input type="text" value="Red"/>
<input type="checkbox"/>	4	<input type="text" value="Dark Pink"/>

**Select All**

	Range Name
<input type="checkbox"/>	<a href="#">Lip stick</a>

## iii) Palette(s) in a range section

**Palette**

Palette Name \* Blusher

Type of Product \* Select Type of Product

Selected Type of Product  
Face make-up and make-up removals/cleanse

No of Variants \* 4

**List of Variants**

Select All	Sno	Variant Name *
<input type="checkbox"/>	1	Peach
<input type="checkbox"/>	2	Bronze
<input type="checkbox"/>	3	Pink
<input type="checkbox"/>	4	Strawberry

New Variant Copy Variant Remove Variant

Select All Palette Name

☐ Blusher

New Palette Save Palette Remove Palette

6.5 Intended use(s) : \*

Apply to where applicable

Previous Next Reset

Please remember to fill up the section on “**Intended use(s)**” of your product, describing its use and function

Please click on “**Next**” to Proceed to the next section of the product notification after ensuring that the forms are filled up properly.

(7) Section 7: Supporting document(s)

Logon ID : 30750219C CLIENT NAME : FANCL VINCEST Transaction No : 10636281R CDA

**PQ1001 APPLICATION FOR COSMETIC PRODUCT NOTIFICATION**

**Fill in the application form** [Guideline](#) [Help](#)

1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market	4. Particulars of Store	<b>7. Supporting Attachments</b>
2. Particulars of Person authorised to represent the local company	5. Particulars of Manufacturer/Assembler	8. Confirmation
3. Particulars of Importer	6. Particulars of Product	

Special Symbol Attach Save

[Previous](#) [Next](#)

Fields marked with an asterisk \* are mandatory.

**7. Supporting Attachments**

To add an attachment, type in the path or hit the browse button. Then **hit the Attach Files button to save the attachment** to the list below.

Please click [here](#) for guideline on document attachment.

Documents	
7.1 Letter of Undertaking :	<input type="text"/> <a href="#">Browse...</a>
7.2 Product Packaging :	<input type="text"/> <a href="#">Browse...</a>
7.3 Authorised Agent Packaging :	<input type="text"/> <a href="#">Browse...</a>

[Attach Files](#)

[Previous](#) [Next](#) [Reset](#)

- 1) Attach supporting documents by clicking on **"Browse"** to select the file
- 2) After selection of the files, click on **"Attach Files"**
  - File types: jpeg, doc, xls, ppt, pdf
  - File size: < 2MB
- 3) Click on **"Next"** to proceed to the next section

(8) Section 8: Declaration, validation, confirmation and payment

Please ensure that data entered are correct as there is NO refund.

**Declaration**

1. (Please select the appropriate radio button below):  
☒ For New Product/s or Existing Product(s) (marketed before 1 Jan 2008) that comply with ACD  
 I hereby declare on behalf of the company I represent that the product(s) in the notification meet(s) all the requirements of ASEAN Cosmetic Directive (ACD), its Annexes and Appendices which have been transposed into the local legislation.

2. I undertake to abide by the following conditions:

i. Ensure that the product's technical and safety information is made readily available to the regulatory authority concerned ("The Authority") and to keep records of the distribution of the products for product recall purposes;

ii. Notify the Authority of fatal or life threatening serious adverse event\* as soon as possible by telephone, facsimile transmission, email or in writing, and in any case, no later than 7 calendar days after first knowledge;

iii. Complete the Adverse Cosmetic Event Report Form\*\* within 8 calendar days from the date of my notification to the Authority in para 2ii. above, and to provide any other information as may be requested by the Authority;

iv. Reports to the Authority of all other serious adverse events that are not fatal or life threatening as soon as possible, and in any case, no later than 15 calendar days after first knowledge, using the Adverse Cosmetic Event Report Form;

v. Notify the Authority of any change in the particulars submitted in this notification;

vi. Ensure that if and when directed by the authority I will recall the product from the market, and discontinue selling or supplying the product

3. I declare that the particulars given in this notification are true, all data, and information of relevance in relation to the notification have been supplied and that the documents enclosed are authentic or true copies.

4. I understand that I shall be responsible for ensuring that each consignment of my product continues to meet all the legal requirements, and conforms to all the standards and specifications of the product that I have declared to the Authority.

5. I understand that I cannot place reliance on the acceptance of my product notification by the authority in any legal proceedings concerning my product, in the event that my product has failed to conform to any of the standards or specifications that I had previously declared to the Authority.

☒ I agree ☐ I disagree

\* As defined in the Guide Manual for the Industry on Adverse Event Reporting of Cosmetics Products  
 \*\* Set out in Appendix I to the Guide Manual for the Industry on Adverse Event Reporting of Cosmetics Products

**Payment Advice**

Sn	Description	Amount (SGD)	GST
1	Notification High Risk Cosmetic Product	25.00	N

The total payment for your notification is SGD 25.00.

Payment Method : \* ☒ NETS ☐ Cheque

Reference Number :

Please click the **Show Printer Friendly Version** button to print this page for filing

- 1) Read through the "Declaration" section and select "I agree".
- 2) Print a copy of the product notification via "Show Printer Friendly Version"
- 3) Proceed to "Validate" the submission.

Logon ID : S0750213C Client Name : FANCL VINCE ST Transaction No : T0636281A CDA

**PQ1001 APPLICATION FOR COSMETIC PRODUCT NOTIFICATION**

Fill in the application form

1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market  
2. Particulars of Person authorised to represent the local company  
3. Particulars of Importer  
4. Particulars of Store  
5. Particulars of Manufacturer/Assembler  
6. Particulars of Product  
7. Supporting Attachments  
8. Confirmation

**Microsoft Internet Explorer**  
Validation is successful  
OK

**1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market**

1.1 Name : \* FANCL VINCE ST  
1.2 Location Code : 1

**1.3 Company Address**

1.3.1 Address Type : \* Local  
1.3.2 Postal Code : \* 520510  
1.3.3 Block / House No : 510 1.3.4 Level - Unit : # 510 - 515  
1.3.5 Street Name : TAMPINES CENTRAL 1  
1.3.6 Building Name :

- 4) The pop up box will indicate that the validation of the product notification is successful.
- 5) If ingredient list submission is required, the system will pop up the "ingredient list" button to request for the ingredient information of the products
- 6) After filling up the ingredients list, proceed to "submit" the notification

supplying the product

2. I declare that the particulars given in this notification are true, all data, and information of relevance in relation to the notification have been supplied and that the documents enclosed are authentic or true copies.

3. I understand that I shall be responsible for ensuring that each consignment of my product continues to meet all the legal requirements, and conforms to all the standards and specifications of the product that I have declared to the Authority.

4. I understand that I cannot place reliance on the acceptance of my product notification by the authority in any legal proceedings concerning my product, in the event that my product has failed to conform to any of the standards or specifications that I had previously declared to the Authority.

I agree ☒ I disagree ☐

\* As defined in the Guide Manual for the Industry on Adverse Event Reporting of Cosmetics Products

\*\* Set out in Appendix I to the Guide Manual for the Industry on Adverse Event Reporting of Cosmetics Products

**Payment Advice**

Sn	Description	Amount (SGD)	GST
1	Product Notification for higher risk Cosmetic Product	105.00	N
2	Product Notification for lower risk Cosmetic Product	45.00	N

The total payment for your notification is SGD 150.00.

Payment Method : \* **PSI ePayment**

Please click the **Show Printer Friendly Version** button to print this page for filing

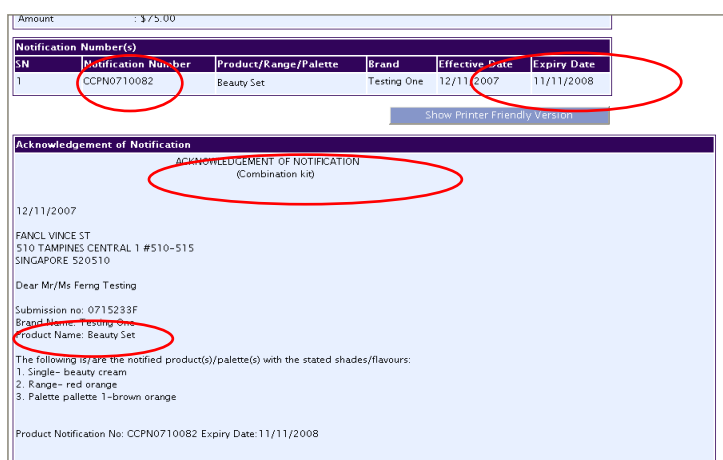
Show Printer Friendly Version Previous Validate **Submit** Reset

- 7) Select "**Submit**" to make payment.
  - You will be prompted for "**ePayment**" if your company is not on GIRO
  - You will be prompted for "**GIRO**" if your company is on GIRO





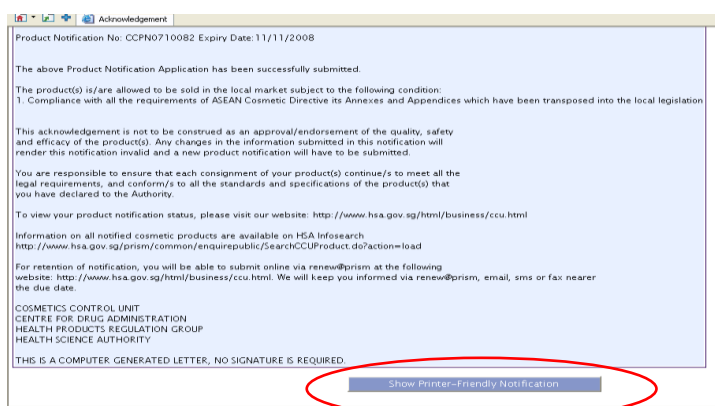
9) You will be prompted to select your preferred payment mode



10) Upon successful submission of the cosmetic product notification, you will receive an **Acknowledgement of Notification**, which will show:

- Company name & address
- Brand name & product name
- Product notification number and validity dates

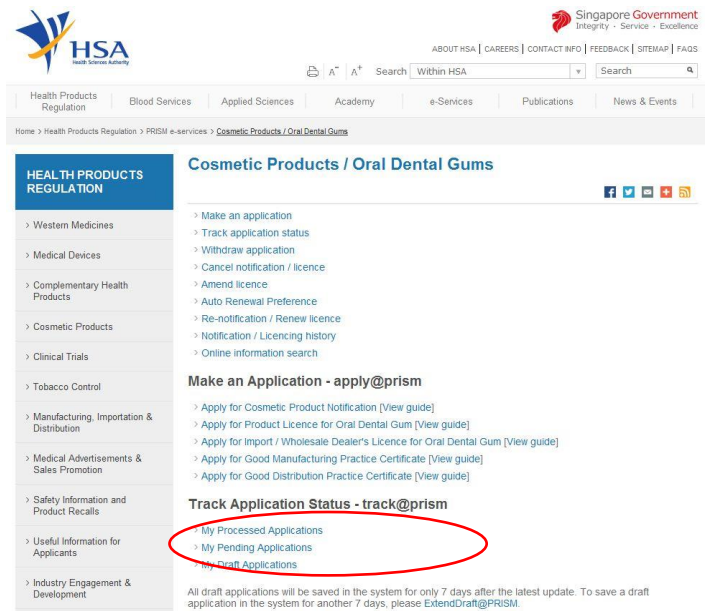
Please note that the product notification is valid for ONE year. Subsequent retention of notification (renewal) is required every year if your company intends to continue marketing the product in the local market.



11) Print a copy of the Acknowledgement of Notification via "Show Printer Friendly Version"

## Other Functions in PRISM

### (i) Track Application status - Track@PRISM



#### 1) Functions of "Track@PRISM"

- To retrieve a draft application
- To enquire on status of cosmetic product notification

## Retrieving Draft Application

The screenshot shows the 'General Search' form in the PRISM system. The 'Enquiry Type' dropdown menu is open, and the 'Draft' option is highlighted with a red circle. The form includes fields for 'Application Type', 'Licence/Permit/Certificate/Listing Type', 'Transaction No.', 'Application No.', 'Licence/Permit/Certificate/Listing No.', 'Product Name', 'Submission Date', and 'Last Update Date'. There are 'Search' and 'Reset' buttons at the bottom.

#### To retrieve a draft application

- 1) Click on "My Draft Applications". You will be prompted to log in via Singpass or HSA Pin
- 2) Select "Enquiry Type" as "Draft"
- 3) Click on "Search" to view all drafts
- 4) For a draft application which has not yet been submitted, a "Transaction Number" starting with "T" is shown

## Copy to Draft

The **“Copy to Draft”** function allows companies to retrieve a copy of a successfully submitted cosmetic product notification. Companies may amend relevant sections of the form before submitting a subsequent cosmetic product notification of another cosmetic product. This speeds up the submission process.

General Search

Enter Transaction No or Application/Submission No for fast and exact matched look-up

Application/Submission Type \*

Licence/Permit/Certificate/Listing/Notification Type \*

Enquiry Type \*

Transaction No.

Application/Submission No.

Licence/Permit/Certificate/Listing/Notification No.

Product Name.

Submission Date (dd/mm/yyyy)  To

Last Update Date (dd/mm/yyyy)  To

[Please click here to extend your draft](#)

[Please do not access the record using the new window via right mouse click.](#)

1 Matching Record(s) Page 1 Of 1 [First] | [Previous] | [Next] | [Last]

S/No	Application/ Submission No	Transaction No	Notification No	Product Name	Application/ Submission Status	Submission Date	Last Updated Date	Ingredient Details	Copy Draft
1	<a href="#">0802794X</a>	T0805933A	CCPN0810255	TEETH WHITENING SET	Notified	04/01/2008	14/04/2009 -		<a href="#">Copy to Draft</a>

[Please do not access the record using the new window via right mouse click.](#)

1 Matching Record(s) Page 1 Of 1 [First] | [Previous] | [Next] | [Last]

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## Copy to Draft

- 1) Click on “My Processed Applications”. You will be prompted to log in via Singpass or HSA Pin
- 2) Select **Application/Submission Type** as “**New Application/Submission**” and “**Enquiry Type**” as “**Processed/Notified**” and the key in the application number. Click on “**Search**”
- 3) Edit/amend accordingly the details of the second product at the relevant sections before the final submission

(ii) Cancel Notification - Cancel@PRISM

Logon ID : 5075021 30 CDA

**PZ3001 CANCEL@PRISM**

**Important Notes:**  
For HSA CRIS registered companies, user has to be authorised with the appropriate access rights via CRIS management module to access the required services.

**Search Criteria**

Licence/Permit/Certificate/Notification/Listing Type \* Cosmetic - Cosmetic Product Notification

Licence/Permit/Certificate/Notification/Listing No

Product Name

Brand Name

Search Reset

Please do not create cancellation application using the new window via right mouse click.

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S/No	Notification No	Brand Name	Product Name	Shade/Palette Name	Start Date	Expiry Date	Action
1	CCPN0700004	Brand Sample	Product Sample	Shade C	19/06/2007	19/01/2008	<a href="#">Cancel</a>
2	CCPN0700009	Brand A	Product A	Shade F	21/06/2007	19/01/2008	<a href="#">Cancel</a>
3	CCPN0700010	Brand A	Product A	Shade G	21/06/2007	19/01/2008	<a href="#">Cancel</a>
4	CCPN0700011	Brand A	Product A	Shade H	21/06/2007	19/01/2008	<a href="#">Cancel</a>
5	CCPN0700022	Brand A	Product A	Shade D	22/06/2007	19/01/2008	<a href="#">Cancel</a>
6	CCPN0700035	Brand A	Product A	Shade D	25/06/2007	19/01/2008	<a href="#">Cancel</a>

- 1) If your company is no longer marketing a particular cosmetic product, you may cancel the cosmetic product notification via **"Cancel@PRISM"** before the expiry date of the notification.

Please click on "Cancel" after logging into Cancel Cosmetic Product Notification.

(iii) Re-notification - Renew@PRISM

## a. Auto Renewal Preference for payment via GIRO

**Important Notes:**  
For HSA CRIS registered companies, user has to be authorised with the appropriate access rights via CRIS management module to access the required services.

**Search Criteria**

Licence/Permit/Certificate/Listing/Notification Type:

Licence/Permit/Certificate/Listing/Notification No:

Product Name:

Brand Name:

Expiry Date (dd/mm/yyyy):  to

14 Matching Record(s) Page 1 Of 1 [First] | [Previous] | [Next] | [Last]

S/No	Expiry Date	Notification No.	Brand Name	Product Name	Shade/Palette Name	To Renew
1	26/09/2009	CCPN0810380	Bio-essence	Anti-aging cream		<input checked="" type="radio"/> Yes <input type="radio"/> No
2	26/09/2009	CCPN0810381	Bio-essence	anti-ugly cream		<input checked="" type="radio"/> Yes <input type="radio"/> No
3	26/09/2009	CCPN0810382	Bio-essence	hair conditioner		<input checked="" type="radio"/> Yes <input type="radio"/> No
4	26/09/2009	CCPN0810383	Brand A	Product A		<input checked="" type="radio"/> Yes <input type="radio"/> No
5	26/09/2009	CCPN0810384	Brand A	Product A		<input checked="" type="radio"/> Yes <input type="radio"/> No
6	26/09/2009	CCPN0810385	Brand A	Product A		<input checked="" type="radio"/> Yes <input type="radio"/> No
7	26/09/2009	CCPN0810386	Brand A	Product A		<input checked="" type="radio"/> Yes <input type="radio"/> No
8	26/09/2009	CCPN0810389	PUPA	EYESHADOW SET		<input checked="" type="radio"/> Yes <input type="radio"/> No
9	26/09/2009	CCPN0810390	PUPA	EYESHADOW SET		<input checked="" type="radio"/> Yes <input type="radio"/> No
10	26/09/2009	CCPN0810391	PUPA	EYESHADOW SET		<input checked="" type="radio"/> Yes <input type="radio"/> No
11	26/09/2009	CCPN0810392	PUPA	EYESHADOW SET		<input checked="" type="radio"/> Yes <input type="radio"/> No
12	26/09/2009	CCPN0810393	PUPA	EYESHADOW SET		<input checked="" type="radio"/> Yes <input type="radio"/> No
13	26/09/2009	CCPN0810394	PUPA	EYESHADOW SET		<input checked="" type="radio"/> Yes <input type="radio"/> No
14	26/09/2009	CCPN0810395	PUPA	EYESHADOW SET		<input checked="" type="radio"/> Yes <input type="radio"/> No

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- 1) Please log into “**Auto Renewal Preference**” to select “**NO**” to renew 30 days before date of expiry of notification
- 2) For companies which wish to retain the notifications (renew), the notifications will be automatically retained/renewed if companies do not log into the system to select “No” to renew.

b. For companies which are not paying via GIRO

**Important Notes:**  
For HSA CRIS registered companies, user has to be authorised with the appropriate access rights via CRIS management module to access the required services.

**Search Criteria**

Licence/Permit/Certificate/Listing/Notification Type:

Licence/Permit/Certificate/Listing/Notification No:

Product Name:

Brand Name:

Expiry Date (dd/mm/yyyy):  to

Please do not create renewal application using the new window via right mouse click.

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Select All	Expiry Date	Notification No.	Brand Name	Product Name	Shade/Palette Name
<input type="checkbox"/>	19/01/2008	CCPN0700004	Brand Sample	Product Sample	Shade C
<input type="checkbox"/>	19/01/2008	CCPN0700009	Brand A	Product A	Shade F
<input type="checkbox"/>	19/01/2008	CCPN0700010	Brand A	Product A	Shade C

status bar text to go here

- 1) Please log into “Cosmetic Product Re-notification” and select product notifications that your company intends to renew
- 2) You will be prompted for “**ePayment**”
- 3) Select “**Submit**” to make payment via credit card
- 4) You will be prompted to select your preferred choice of epayment

For companies which wish to apply for a GIRO Account with HSA to facilitate the payment process, the application form for Interbank GIRO can be downloaded via the following website:

<http://www.hsa.gov.sg/content/hsa/en/e-Services.html#HPRG>

#### (iv) Global Updates

For global amendments on Importer Particulars, Store Particulars, Manufacturer Particulars, Assembler Particulars and Product Owners, kindly refer to the Step-by-Step Guide on Global Amendment from the following link:

**NOTE:**

A **NEW** product notification is required if there is a change made to any of the following:

- 1) Brand Name
- 2) Product Name
- 3) Product Type
- 4) Intended Use
- 5) Formulation
- 6) Company change due to change of distribution rights
- 7) Company name change with a new UEN number given by ACRA

## Helpdesk

- 1) If you require any technical assistance regarding PRISM and cosmetic product notification, please contact the Helpdesk at:  
Tel: 67760168  
Email: [helpdesk@hsahelp.gov.sg](mailto:helpdesk@hsahelp.gov.sg)
- 2) Cosmetics Control Unit  
Tel: 65 6866 3474/65 6866 3475  
Email: [HSA\\_Cosmetics\\_Control@hsa.gov.sg](mailto:HSA_Cosmetics_Control@hsa.gov.sg)

The information in this Guideline shall be updated or revised from time-to-time. For any new, addition, amendments or deletion made to this Guideline, please refer to the latest version in our website [www.hsa.gov.sg](http://www.hsa.gov.sg).