



MINISTRY OF HEALTH
SINGAPORE

**Healthcare Application and Licensing Portal (HALP)
Internet User Guide – Request for Change**

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1 OVERVIEW

Function	Role
Logging Into HALP	Licensee, Authorised User
Submit Request for Change	Licensee, Authorised User

1.1 Logging Into HALP

1. This section describes how to log into the system.

1.2 Submit Request for Change

1. Licensees may submit a request to change the details of their licences.

Note: Request for change applications cannot be submitted for licences with applications pending approval.

2. An amendment fee may be payable for the submission of a request for change.
3. Changes may also be submitted alongside with Renewal applications.
4. Two types of changes may be submitted:
 - a. Change of licence information
 - b. Change of licensee

2 LOGGING INTO HALP

1. Go to the **HALP** website

(https://halp.moh.gov.sg/main-web/eservice/INTERNET/FE_Landing).

Select **Healthcare Application and Licensing Portal (HALP)**.

The screenshot shows the HALP landing page with the following content:

Healthcare Application and Licensing Portal (HALP)

Manage all licence-related matters associated with your healthcare services.

Step 1: Healthcare Services Act (HCSA) licences will be managed under the new IT system, Healthcare Applications and Licensing Portal (HALP). All other Private Hospitals and Medical Clinics Act (PHMCA) licences and other services will be managed under the existing eLis. Please select accordingly based on the licences/services you wish to manage. Should you wish to manage both HCSA and PHMCA licences/services, please select both options.

- Healthcare Application and Licensing Portal (HALP)** MORE INFO
- E-licensing For Healthcare (eLis)** MORE INFO

Step 2: Please click on "Login with Singpass" for your respective entity type to proceed.

For Business Users For corporate users with registered UEN to access and transact on behalf of their licensee.	For Individual Users For individual without registered UEN
LOGIN WITH SINGPASS	LOGIN WITH SINGPASS

Healthcare Services Act (HCSA)

- [About HCSA](#)
- [FAQ](#)
- [Services under HALP today](#)

2. Click **LOGIN WITH SINGPASS** for either **Business Users** or **Individual Users**. In this example, we are logging in as an **Individual User**.

Note:

- For corporate users, please select **LOGIN WITH SINGPASS** under **For Business Users**. Otherwise, please select under **For Individual Users**.
- For individual users, you will be issued a UEN once your licence application is approved. Thereafter, please login as a **Business User**.
- The login process is the same for both Business and Individual users.

Healthcare Application and Licensing Portal (HALP)

Manage all licence-related matters associated with your healthcare services.

Step 1: Healthcare Services Act (HCSA) licences will be managed under the new IT system, Healthcare Applications and Licensing Portal (HALP). All other Private Hospitals and Medical Clinics Act (PHMCA) licences and other services will be managed under the existing eLis. Please select accordingly based on the licences/services you wish to manage. Should you wish to manage both HCSA and PHMCA licences/services, please select both options.

Healthcare Application and Licensing Portal (HALP) MORE INFO

E-licensing For Healthcare (eLis) MORE INFO

Step 2: Please click on "Login with Singpass" for your respective entity type to proceed.

For Business Users
For corporate users with registered UEN to access and transact on behalf of their licensee.

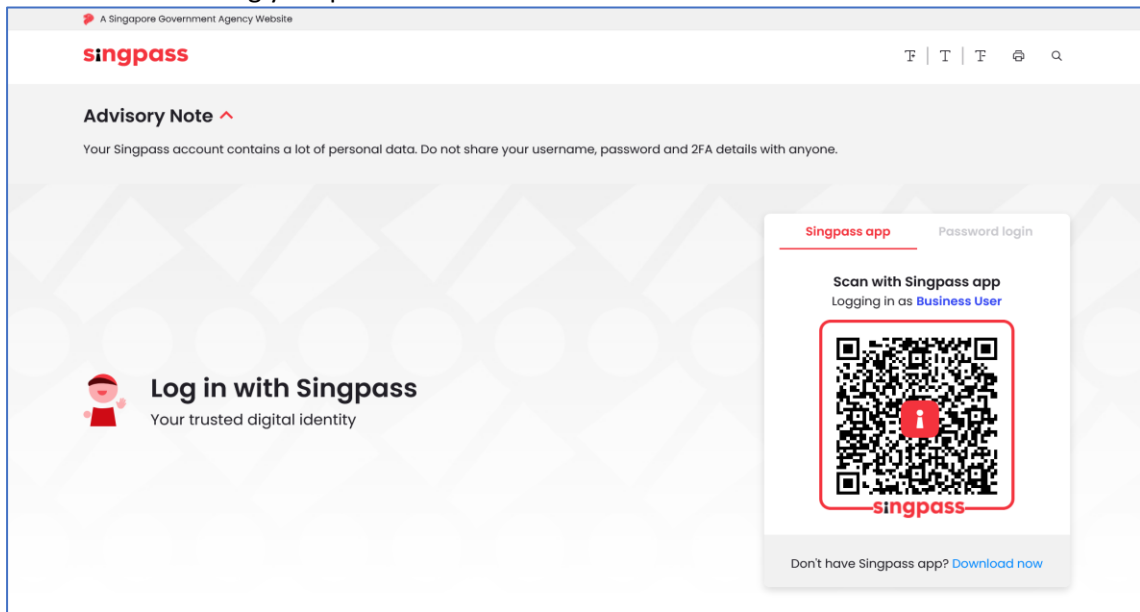
For Individual Users
For individual without registered UEN

LOGIN WITH SINGPASS **LOGIN WITH SINGPASS**

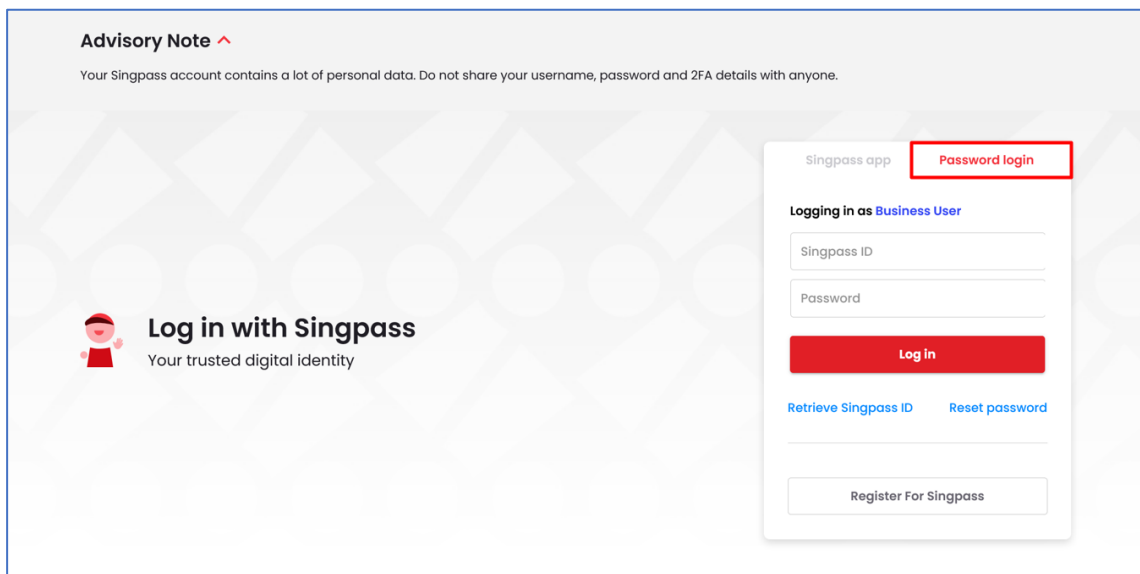
Healthcare Services Act (HCSA)

- [About HCSA](#)
- [FAQ](#)
- [Services under HALP today](#)

- You will be directed to the **Singpass Login Page**.
You may login to **HALP** by scanning the **QR code** with your **Singpass app** and proceed to authenticate using your phone.



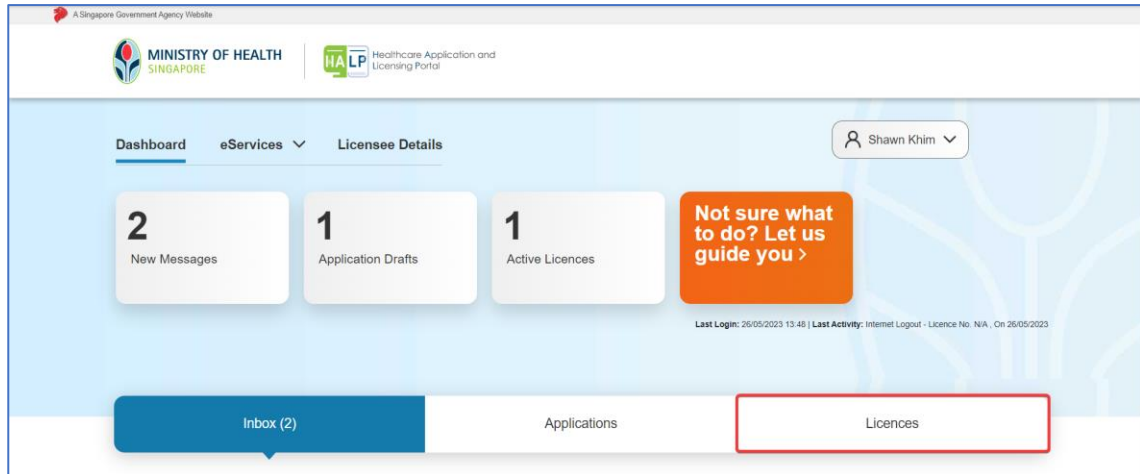
- Alternatively, you may login to **HALP** using your **Singpass ID** and **Password**.
Click on **Log In** to proceed.



3 SUBMIT REQUEST FOR CHANGE

3.1 Change Of Licence Information

1. At the **Dashboard** page, click on the **Licences** tab.



2. You will be directed to the **Licences** page.

MINISTRY OF HEALTH eServices **Licence Details** Search

24 New Messages | 0 Application Drafts | 2 Active Licences

Not sure what to do? Let us guide you

Dashboard | Applications | **Licences**

Search by Licence No.

Service Type:

Licence Status:

Licence Start Date: To

Licence Expiry Date: To

1-3 out of 3 items

<input type="checkbox"/>	Licence No.	Type	Status	Business Address	Start Date	Expiry Date
<input type="checkbox"/>	U220102000000010001	Technological Service	Active	24 10 rue 3 Two Tower #04-25, 962411 (Permanent Premises)	27032021	26092021
<input type="checkbox"/>	U220001200000010001	Outpatient Medical Service	Active	A 016 Woodlands Avenue 4 #01-25, 730291 (Permanent Premises)	24032021	23092021
<input type="checkbox"/>	U220001200000010001	Outpatient Medical Service	Cancelled	A 016 Woodlands Avenue 4 #01-25, 730291 (Permanent Premises)	24032021	23092021



3. You may use the various search options to find your licence. These include **Licence No., Service Type, Licence Status, Licence Start Date and Licence Expiry Date.**

4. Alternatively, you may scroll to the bottom of the page to select your licence. You may select only one licence. Select the checkbox of the licence that you wish to amend. Click **AMEND.**

<input type="checkbox"/>	↕ Licence No.	↕ Type	↕ Status	↕ Business Address	↕ Start Date	↕ Expiry Date
<input checked="" type="checkbox"/>	L/23O0918/MDS/001 /232	Outpatient Medical Service	Active	11 Toa Payoh Lorong 3, 319579 (Permanent Premises)	02/05/2023	01/05/2025
<div style="display: flex; justify-content: flex-end; gap: 10px;"> RENEW CEASE AMEND PRINT </div>						

5. You will then be taken to the **Amendment** landing page.

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 **MINISTRY OF HEALTH SINGAPORE** |  Healthcare Application and Licensing Portal

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence (Licence No. L/23O0918/MDS/001/232)**

Please select the type of amendment

Change of Licensee

Change of Licence Information



You may make the following changes:

- Adding or ceasing of specified services (click on "Category / Discipline & Specified Service / Specified Test" on the next page)
- Adding or ceasing of disciplines and/or modalities (click on "Category / Discipline & Specified Service / Specified Test" on the next page)
- Amendments to business address (click on "Mode of Service Delivery" on next page)
- Amendments to business information, e.g., business name, contact information, operation hours, etc. (click on "Service Related Information" on next page)
- Amendments to personnel information, e.g., principal officer, clinical governance officer, etc. (click on "Service Related Information" on the next page)
- [For EAS/ MTS licences] Addition or removal of vehicles (click on "Service Related Information" on the next page)

[← Back](#) [NEXT](#)

6. For changes to licence information, select **Change of Licence Information** and click **NEXT**.
(For change of licensee, refer to point 6 of 3.2 on how to change licensee)

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Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L23O0918/MDS/001/232)

Please select the type of amendment

Change of Licensee

Change of Licence Information

You may make the following changes:

- Adding or ceasing of specified services (click on "Category / Discipline & Specified Service / Specified Test" on the next page)
- Adding or ceasing of disciplines and/or modalities (click on "Category / Discipline & Specified Service / Specified Test" on the next page)
- Amendments to business address (click on "Mode of Service Delivery" on next page)
- Amendments to business information, e.g., business name, contact information, operation hours, etc. (click on "Service Related Information" on next page)
- Amendments to personnel information, e.g., principal officer, clinical governance officer, etc. (click on "Service Related Information" on the next page)
- [For EAS/ MTS licences] Addition or removal of vehicles (click on "Service Related Information" on the next page)

[< Back](#)

NEXT

7. You will reach the **Amendment Overview** page. Expand the selection and view the information displayed.
- a. Licensee Details
 - b. Mode of Service Delivery
 - c. Category/Discipline & Specified Service/Specified Test
 - d. Service-Related Information

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Amendment

You are amending the **Outpatient Medical Service licence (Licence No. L23O0918/MDS/001/232)**

Please expand the section in which you wish to make amendments to:

1. Licensee Details - for amendments to Individual licensee
2. Mode of Service Delivery - for amendments to business address and co-location
3. Category / Discipline & Specified Service / Specified Test - for adding or ceasing of specified service(s) or specified test(s)
4. Service Related Information - for amendments to business information, service personnel, supplementary forms, other information and support documents

- Licensee Details
- Mode of Service Delivery
- Category / Discipline & Specified Service / Specified Test
- Service Related Information

< Back

PRINT

3.1.1 Change of Licensee Information under Licensee Details


1. Click on the dropdown for Licensee Details

Note:

- **For individuals** appointed as licensee, please provide the individual licensee contact information (e.g., residential address and contact details). Please note that the licensee is liable and responsible for any non-compliance found/reported.
- **For companies** appointed as licensee, the relevant company information will be retrieved automatically from ACRA. Any changes to this information will need to be made through ACRA. Please refer to the “Retrieve Company Information from ACRA section” in the MOH HALP Internet User Guide (New Application) for the steps in updating ACRA information in HALP

The screenshot shows the 'Amendment' page in the HALP system. At the top, there are logos for the Ministry of Health Singapore and the HALP portal. The user 'Shawn Khim' is logged in. The main heading is 'Amendment', and it specifies the user is amending the 'Outpatient Medical Service licence (Licence No. L/2300918/MDS/001/232)'. Below this, there is a list of sections to expand for amendments: Licensee Details, Mode of Service Delivery, Category / Discipline & Specified Service / Specified Test, and Service Related Information. The 'Licensee Details' option is highlighted with a red rectangular box. At the bottom left, there is a '< Back' link, and at the bottom right, there is a 'PRINT' button.

2. Licensee details will be shown.

 **Licensee Details**

[✎ Edit](#)

Licensee Details

Licensee Type	Individual
ID Type	NRIC
ID No.	S2964851D
Licensee Name	Paul Zhou
Postal Code	319579
Address Type	Without Apt Blk
Block / House No.	
Floor No.	
Unit No.	
Street Name	11 Toa Payoh Lorong 3
Building Name	
Mobile No.	87478652
Email Address	paulzhouofficial990@gmail.com

3. To make edits to **Licensee Details**, click on **Edit** at the top right-hand corner of the expanded section.

Note:

- Please note that you would not be able to edit information in **Licensee Details** if your Licensee Type is Company. You would need to update it in ACRA.

Licensee Details

[Edit](#)

Licensee Details

Licensee Type	Individual
ID Type	NRIC
ID No.	S2964851D
Licensee Name	Paul Zhou
Postal Code	319579
Address Type	Without Apt Blk
Block / House No.	
Floor No.	
Unit No.	
Street Name	11 Toa Payoh Lorong 3
Building Name	
Mobile No.	87478652
Email Address	paulzhouofficial990@gmail.com

4. You will be directed to the Amendment editing page.
To unlock the fields for editing, click on **Edit**.

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Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/23O0918/MDS/001/232)

- Licensee Details
- Mode of Service Delivery
- Category / Discipline & Specified Service / Specified Test
- Service-Related Information
- Preview & Submit
- Payment

Licensee Details

[Edit](#)

5. Edit the **Licensee Details** as necessary and click **PREVIEW**.
(Refer to [3.1.5 on the Preview/Declaration page](#))

Alternatively, click **Undo All Changes** to undo all edits made.

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MINISTRY OF HEALTH
SINGAPORE

Healthcare Application and
Licensing Portal

Shawn Khim ▼

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/2300918/MDS/001/232)

1
Licensee Details

2 ✔
Mode of Service Delivery

3 ✔
Category / Discipline &
Specified Service /
Specified Test

4 ✔
Service-Related
Information

5 ✔
Preview & Submit

6
Payment

Licensee Details

- For **individuals** appointed as licensee, please provide the individual licensee contact information (e.g., residential address and contact details). Please note that the licensee is liable and responsible for any non-compliance found/reported.
- For **companies** appointed as licensee, the relevant company information will be populated automatically from ACRA. Any changes to this information will need to be made through ACRA.

Licensee Type *	<input style="width: 90%;" type="text" value="Individual"/>
ID No. *	<input style="width: 30%;" type="text" value="NRIC"/> <input style="width: 60%;" type="text" value="S2964851D"/>
Licensee Name *	<input type="text" value="Paul Zhou"/>
Postal Code *	<input type="text" value="319579"/> Retrieve your address
Address Type *	<input type="text" value="Without Apt Blk"/>
Block / House No.	<input type="text"/>
Floor / Unit No.	<input type="text"/> - <input type="text"/>
Street Name *	<input type="text" value="11 Toa Payoh Lorong 3"/>
Building Name	<input type="text"/>
Mobile No. *	<input type="text" value="87478652"/>
Email Address *	<input type="text" value="paulzhouofficial990@gmail.com"/>

< Back

Undo All Changes

PREVIEW

3.1.2 Change of Mode of Service Delivery Information

1. In the Amendment Overview page, click on the dropdown for **Mode of Service Delivery**.
(Refer to 3.1 on how to get to amendment overview page)

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Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence (Licence No. L/23O0918/MDS/001/232)**

Please expand the section in which you wish to make amendments to:

1. Licensee Details - for amendments to Individual licensee
2. Mode of Service Delivery - for amendments to business address and co-location
3. Category / Discipline & Specified Service / Specified Test - for adding or ceasing of specified service(s) or specified test(s)
4. Service Related Information - for amendments to business information, service personnel, supplementary forms, other information and support documents

Licensee Details

Mode of Service Delivery

Category / Discipline & Specified Service / Specified Test

Service Related Information

< Back

PRINT

2. Details of **Mode of Service Delivery** will be shown.

Mode of Service Delivery

Edit

Mode of Service Delivery

Mode of Service Delivery	Permanent Premises
Business Name	Khim Medical
Postal Code	319579
Address Type	Without Apt Blk
Block / House No.	
Floor / Unit No.	-
Street Name	11 Toa Payoh Lorong 3
Building Name	
Fire Safety & Shelter Bureau Ref No.	
Fire Safety Certificate Issued Date	
Co-Location Services	
Are you co-locating with a service that is licensed under HCSA?	No
Are you co-locating with a service that is not licensed under HCSA?	No

- To make edits to **Mode of Service Delivery**, click on **Edit** at the top right-hand corner of the expanded section.

Mode of Service Delivery
Edit

Mode of Service Delivery

Mode of Service Delivery	Permanent Premises
Business Name	Khim Medical
Postal Code	319579
Address Type	Without Apt Blk
Block / House No.	
Floor / Unit No.	-
Street Name	11 Toa Payoh Lorong 3
Building Name	
Fire Safety & Shelter Bureau Ref No.	
Fire Safety Certificate Issued Date	

Co-Location Services

Are you co-locating with a service that is licensed under HCSA?	No
Are you co-locating with a service that is not licensed under HCSA?	No

- You will be brought to the **Mode of Service Delivery** editing page. To unlock the fields for editing, click on **Edit**.

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Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/2300918/MDS/001/232)

1 ✔
Licensee Details

2
Mode of Service Delivery

3 ✔
Category / Discipline & Specified Service / Specified Test

4 ✔
Service-Related Information

5 ✔
Preview & Submit

6
Payment

The mode of service delivery refers to whether the licensable healthcare service is provided at (a) permanent premises, (b) conveyance, (c) temporary premises, or (d) remote delivery. If you are providing a licensable healthcare service via more than one mode of service delivery, please provide the details for all modes of service delivery below

Mode of Service Delivery
Edit

5. You may choose to amend an existing **Mode of Service Delivery** by clicking on “**Moving to a new address**”.

Mode of Service Delivery

Address: 11 Toa Payoh Lorong 3, 319579

Add or select a Permanent Premises from the list : *

11 Toa Payoh Lorong 3, 319579

Please Select

Moving to a new address

11 Toa Payoh Lorong 3, 319579

6. Edit the other fields as necessary and click on **PREVIEW**.
 (Refer to [3.1.5 on the Preview/Declaration page](#))
 Alternatively, click **Undo All Changes** to undo all edits made.

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service Licence** (Licence No. L23O0918/MDS/001/232)

1 ✔
Licensee Details

2
Mode of Service Delivery

3 ✔
Category / Discipline &
Specified Service /
Specified Test

4 ✔
Service-Related
Information

5 ✔
Preview & Submit

6
Payment

The mode of service delivery refers to whether the licensable healthcare service is provided at (a) permanent premises, (b) conveyance, (c) temporary premises, or (d) remote delivery. If you are providing a licensable healthcare service via more than one mode of service delivery, please provide the details for all modes of service delivery below

Mode of Service Delivery

Address: 11 Toa Payoh Lorong 3, 319579

Add or select a Permanent Premises from the list : *

11 Toa Payoh Lorong 3, 319579

Business Name *

Postal Code * [Retrieve your address](#)

Address Type *

Without Apt Blk

Block / House No.

Floor / Unit No. -

+ Add Additional Floor/Unit No.

Street Name *

11 Toa Payoh Lorong 3

Building Name

Fire Safety & Shelter Bureau Ref No.

Fire Safety Certificate Issued Date

Co-Location Services

Are you co-locating with a service that is licensed under HCSA? * Yes No

Are you co-locating with a service that is not licensed under HCSA? * Yes No

< Back

Undo All Changes

PREVIEW

3.1.3 Change of Category/Discipline & Specified Service/Specified Test

1. On the Amendment Overview page, click on **Category/Discipline & Specified Service/Specified Test**.
(Refer to 3.1 on how to get to amendment overview page)

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Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence (Licence No. L123O0918/MDS/001/232)**

Please expand the section in which you wish to make amendments to:

1. Licensee Details - for amendments to Individual licensee
2. Mode of Service Delivery - for amendments to business address and co-location
3. Category / Discipline & Specified Service / Specified Test - for adding or ceasing of specified service(s) or specified test(s)
4. Service Related Information - for amendments to business information, service personnel, supplementary forms, other information and support documents

Licensee Details

Mode of Service Delivery

Category / Discipline & Specified Service / Specified Test

Service Related Information

< Back

PRINT

2. The tab will expand and show more information on **Category/Discipline & Specified Service/Specified Test**.

Click **Edit** to make changes to the **Category/Discipline & Specified Service/Specified Test**

Category / Discipline & Specified Service / Specified Test

Mode of Service Delivery - Permanent Premises

Address: 11 Toa Payoh Lorong 3, 319579

There is no Specified Service.

Edit

3. You will be brought to the amendment editing page for **Category/Discipline & Specified Service/Specified Test**. Click on **Edit** to change the details for the section.

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Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/23O0918/MDS/001/232)

- 1 Licensee Details
- 2 Mode of Service Delivery
- 3 **Category / Discipline & Specified Service / Specified Test**
- 4 Service-Related Information
- 5 Preview & Submit
- 6 Payment

Mode of Service Delivery - Permanent Premises
Address: 11 Toa Payoh Lorong 3, 319579

[Edit](#)

Specified Services
You may add (by selecting the checkbox) or cease (by de-selecting the checkbox) specified service(s) for your licence. No changes are required if you wish to continue operating the previously approved service(s).

- Radiation Oncology & Radiation Therapy
- Collaborative Prescribing
- Liposuction Service
- Endoscopy Service
- Blood Transfusion (For Oncology, Haematology specialities only)
- Electrocardiography Stress Testing (EST)
- Proton Beam Therapy

[Back](#) [Undo All Changes](#) [PREVIEW](#)

4. Edit the checkboxes to add or cease **Specified Services**. Click on **PREVIEW**.
(Refer to [3.1.5 on the Preview/Declaration page](#))

To add **Specified Services**, please select the corresponding **Specified Service**.
To cease **Specified Services**, please de-select the corresponding **Specified Service**.

Alternatively, click **Undo All Changes** to undo all edits made.

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Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/2300918/MDS/001/232)

1 Licensee Details | 2 Mode of Service Delivery | **3 Category / Discipline & Specified Service / Specified Test** | 4 Service-Related Information | 5 Preview & Submit | 6 Payment

Mode of Service Delivery - Permanent Premises

Address: 11 Toa Payoh Lorong 3, 319579

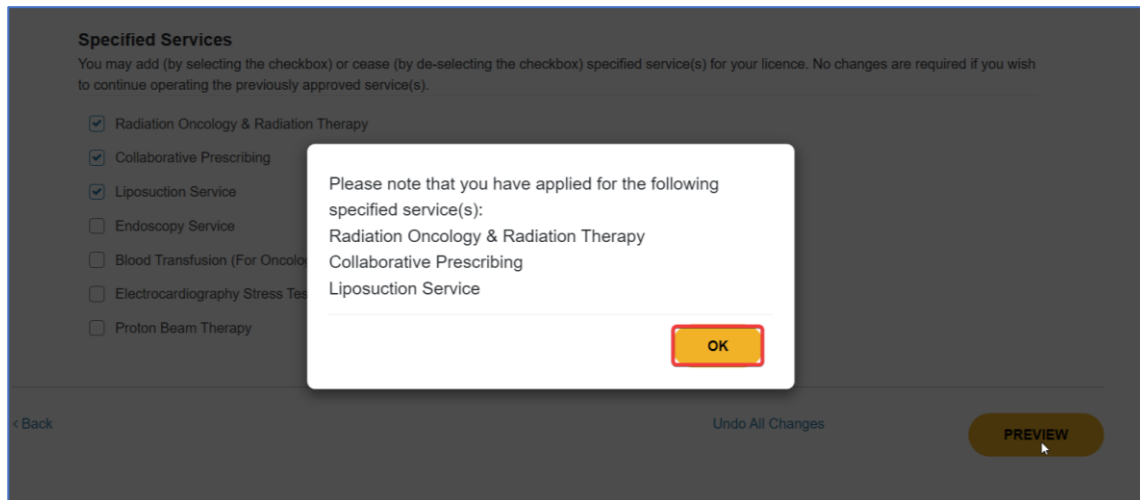
Specified Services

You may add (by selecting the checkbox) or cease (by de-selecting the checkbox) specified service(s) for your licence. No changes are required if you wish to continue operating the previously approved service(s).

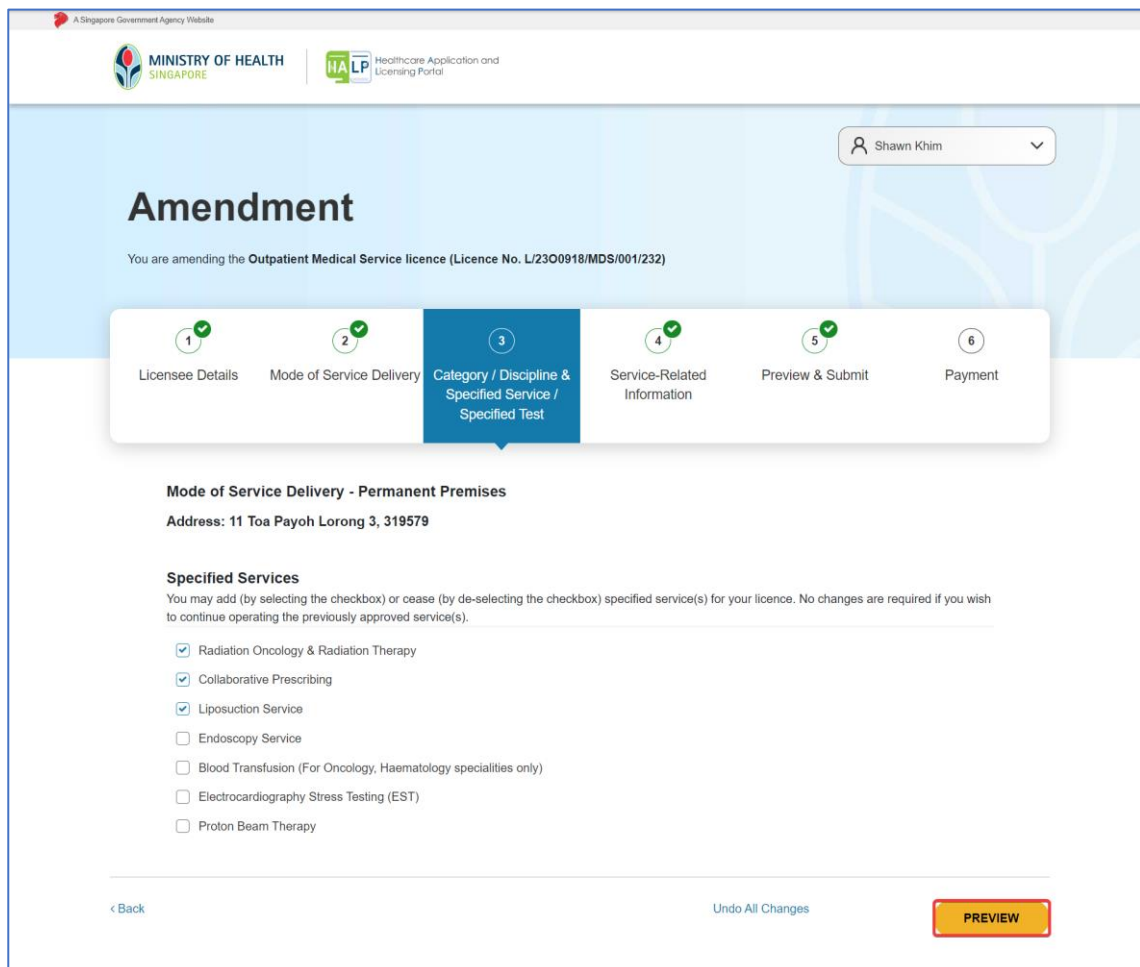
- Radiation Oncology & Radiation Therapy
- Collaborative Prescribing
- Liposuction Service
- Endoscopy Service
- Blood Transfusion (For Oncology, Haematology specialities only)
- Electrocardiography Stress Testing (EST)
- Proton Beam Therapy

< Back | Undo All Changes | **PREVIEW**

5. If the applicant chooses to add a new **Specified Service**, a popup will appear notifying the applicant of the **Specified Services** that they have applied for. Click **OK** to proceed.



6. Click **PREVIEW** again. (Refer to 3.1.5 on the Preview/Declaration page).



3.1.4 Change of Service-Related Information

1. In the Amendment Overview page, click on **Service-Related Information** (Refer to 3.1 on how to get to amendment overview page)

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Amendment

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Please expand the section in which you wish to make amendments to:

1. Licensee Details - for amendments to Individual licensee
2. Mode of Service Delivery - for amendments to business address and co-location
3. Category / Discipline & Specified Service / Specified Test - for adding or ceasing of specified service(s) or specified test(s)
4. Service Related Information - for amendments to business information, service personnel, supplementary forms, other information and support documents

- Licensee Details
- Mode of Service Delivery
- Category / Discipline & Specified Service / Specified Test
- Service Related Information**

< Back PRINT

- On clicking the **Service-Related Information** tab, it expands and displays more information. Click on **Edit** to make changes to the **Service-Related Information** section.

< Service Related Information

✎ Edit

Business Information

Permanent Premises: 11 Toa Payoh Lorong 3, 319579

Business Name	Khim Medical Clinic		
Contact No.	61562752		
Email	khimmedicalclinicreal@gmail.com		
Corporate Website			

Operating Hours

Weekly	Start	End	24 Hours
Monday, Tuesday, Thursday, Friday, Saturday	11 : 00	20 : 00	

- You will be brought to the Amendment editing page for Service-Related Information. Under Service-Related Information, you will be able to amend:
 - **Business Information**
 - **Personnel Information** (Principal Officer, Key Appointment Holder, Clinic Governance Officer, Section Leader)
 - **Other information** (where applicable)
 - **Supplementary Form** (where applicable)
 - **Specified Services Information**
 - **Documents**

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/23O0918/MDS/001/232)

1
Licensee Details

2
Mode of Service Delivery

3
Category / Discipline & Specified Service / Specified Test

4
Service-Related Information

5
Preview & Submit

6
Payment

● **Business Information**

○ Principal Officer

○ Key Appointment Holder

○ Clinical Governance Officer

○ Other Information

○ Supplementary Form

○ Specified Services Information

○ Documents

3.1.4.1. Change of Business Information under Service-Related Information

1. Under **Business Information** in **Service-Related Information**, click on **Edit** to make changes

Amendment

You are amending the **Outpatient Medical Service Licence** (Licence No. L/23O0918/MDS/001/232)

Shawn Khim

1 Licensee Details 2 Mode of Service Delivery 3 Category / Discipline & Specified Service / Specified Test 4 **Service-Related Information** 5 Preview & Submit 6 Payment

Business Information Principal Officer Key Appointment Holder Clinical Governance Officer Other Information Supplementary Form Specified Services Information Documents

Permanent Premises: 11 Toa Payoh Lorong 3, 319579

Business Information [Edit](#)

Business Name * Khim Medical Clinic

Contact No. * 61562752

Email * khimmedicalclinicreal@gmail.com

Corporate Website

Operating Hours

Weekly * Start End 24 Hours

Monday, Tuesday, Thursday, Friday, Saturday 11 (HH) 00 (MM) 20 (HH) 00 (MM)

+ Add

Public Holiday

-- Select -- -- (HH) -- (MM) -- (HH) -- (MM)

+ Add

Event

dd/mm/yyyy dd/mm/yyyy

+ Add

< Back Undo All Changes **NEXT**

2. Edit the fields as necessary and click **NEXT**.
Alternatively, to undo all changes made, click on **Undo All Changes**.
Click on **Skip** if there are no changes to be made.

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/23O0918/MDS/001/232)

1 ✔
Licensee Details

2 ✔
Mode of Service Delivery

3 ✔
Category / Discipline & Specified Service / Specified Test

4
Service-Related Information

5 ✔
Preview & Submit

6
Payment

Business Information
Principal Officer
Key Appointment Holder
Clinical Governance Officer
Other Information
Supplementary Form
Specified Services Information
Documents

Skip >

Permanent Premises: 11 Toa Payoh Lorong 3, 319579 ✎ Edit

Business Name * !

Contact No. *

Email *

Corporate Website

Operating Hours

Weekly * Start End 24 Hours

Monday, Tuesday, Thursday, Friday, Saturday (HH) (MM) (HH) (MM)

[+ Add](#)

Public Holiday

-- Select -- (HH) (MM) (HH) (MM)

[+ Add](#)

Event

[+ Add](#)

< Back

Undo All Changes
NEXT

- On clicking **NEXT** from the **Business Information** section, you will be brought to the **Principal Officer** section under **Service-Related Information**.
(Refer to [3.1.4.2 on Change Of Personnel Information](#))

A Singapore Government Agency Website

MINISTRY OF HEALTH SINGAPORE | HA LP Healthcare Application and Licensing Portal

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/2300919/MDS/001/232)

- Licensee Details
- Mode of Service Delivery
- Category / Discipline & Specified Service / Specified Test
- Service-Related Information**
- Preview & Submit
- Payment

Business Information | **Principal Officer** | Key Appointment Holder | Clinical Governance Officer | Other Information | Supplementary Form | Specified Services Information | Documents

[Skip >](#)

Principal Officer

Principal Officer

A Principal Officer (PO) is a person appointed by the licensee to exercise oversight over the day to day provision of the licensable healthcare service and be responsible for ensuring compliance with all relevant legislations and requirements.

[Edit](#)

Principal Officer

Shawn Khim, S6501435A (NRIC)

Name *

ID No. *

Designation *

Professional Board

Professional Type

Professional Regn. No.

Type of Current Registration

Current Registration Date

Practicing Certificate End Date

Type of Register

3.1.4.2. Change of Personnel Information under Service-Related Information

1. Under **Principal Officer** in **Service-Related Information**, click **Edit** to make changes to the Principal Officer.

Amendment

You are amending the **Outpatient Medical Service licence (Licence No. L/23O0918/MDS/001/232)**

1 Licensee Details 2 Mode of Service Delivery 3 Category / Discipline & Specified Service / Specified Test 4 **Service-Related Information** 5 Preview & Submit 6 Payment

Business Information Principal Officer Key Appointment Holder Clinical Governance Officer Other Information Supplementary Form Specified Services Information Documents

Skip >

Principal Officer

Principal Officer

A Principal Officer (PO) is a person appointed by the licensee to exercise oversight over the day to day provision of the licensable healthcare service and be responsible for ensuring compliance with all relevant legislations and requirements.

Edit

Principal Officer

Shawn Khim, S6501435A (NRIC)

Name * Dr Shawn Khim

ID No. * NRIC S6501435A

Designation * Chairman Medical Board

Professional Board Please Select

Professional Type Please Select

Professional Regn. No.

Type of Current Registration

Current Registration Date dd/mm/yyyy

Practicing Certificate End Date dd/mm/yyyy

Type of Register

2. Edit **Principal Officer** details as necessary.

Principal Officer

A Principal Officer (PO) is a person appointed by the licensee to exercise oversight over the day to day provision of the licensable healthcare service and be responsible for ensuring compliance with all relevant legislations and requirements.

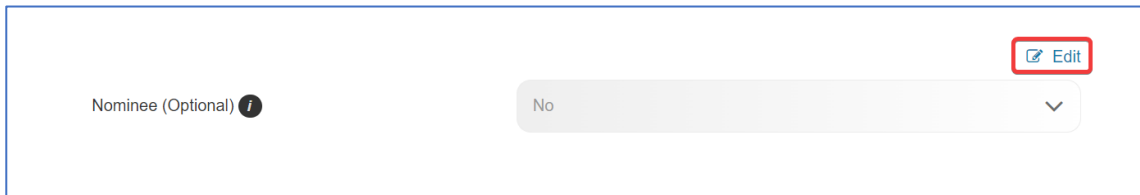
Principal Officer

Shawn Khim, S6501435A (NRIC)

Name *	Dr	Shawn Khim
ID No. *	NRIC	S6501435A
Designation *	Chairman Medical Board	
Professional Board	Please Select	
Professional Type	Please Select	
Professional Regn. No.		
Type of Current Registration		
Current Registration Date	dd/mm/yyyy	
Practicing Certificate End Date	dd/mm/yyyy	
Type of Register		
Specialty		
Sub-specialty		
Other Specialities		
Date when specialty was obtained	dd/mm/yyyy	
Qualification		
Other Qualification		
Mobile No. *	94615048	
Office Telephone No. *	64827591	
Email Address *	shawnkhimreal119@gmail.com	
Nominee (Optional) ⓘ	No	

[Edit](#)

3. To make amendments to Nominee, scroll down to the **Nominee** section and click on **Edit**.



The screenshot shows a form field labeled "Nominee (Optional)" with an information icon. The field contains the text "No" and a dropdown arrow. An "Edit" button with a pencil icon is located to the right of the field and is highlighted with a red box.

4. Edit Nominee details as necessary.

Nominee (Optional) ? Yes

Nominee (Optional)

Nominee

Nominee

Assign a Nominee *

Name *

ID No. *

Designation *

Professional Board

Professional Type

Professional Regn. No.

Type of Current Registration

Current Registration Date

Practicing Certificate End Date

Type of Register

Specialty

Sub-specialty

Other Specialities

Date when specialty was obtained

Qualification

Other Qualification

Mobile No. *

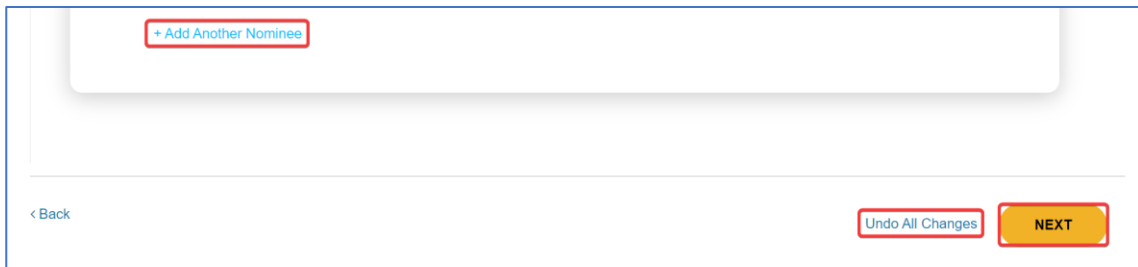
Office Telephone No. *

Email Address *

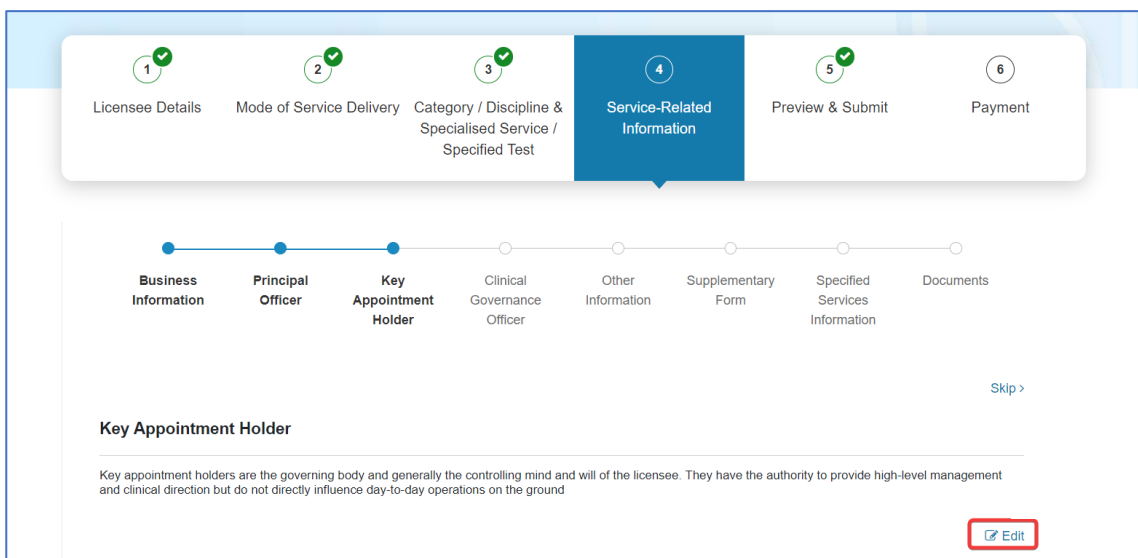
[+ Add Another Nominee](#)

5. To add another Nominee, click **Add Another Nominee**. After editing, scroll down and click **NEXT**.

Alternatively, to undo all Changes made, click **Undo All Changes**.



6. You will be brought to the **Key Appointment Holder** section. To make changes in the **Key Appointment Holder** section, click **Edit**.



7. Edit Key Appointment Holder details as necessary.

Key Appointment Holder

Key appointment holders are the governing body and generally the controlling mind and will of the licensee. They have the authority to provide high-level management and clinical direction but do not directly influence day-to-day operations on the ground

Key Appointment Holder

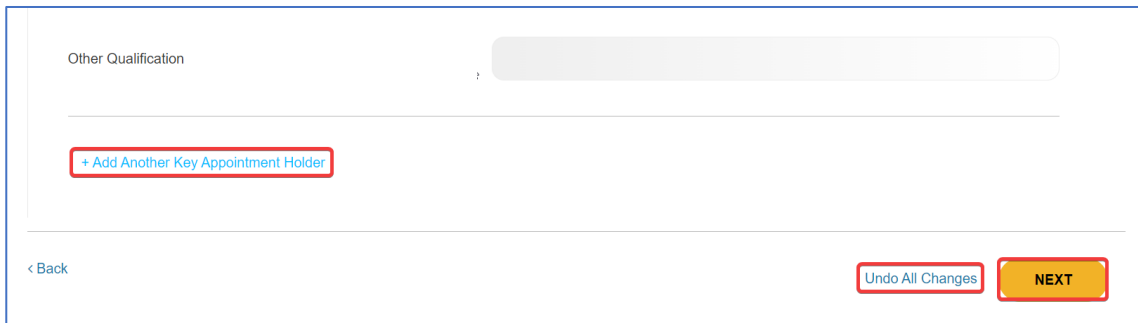
Mary Tan, S3475652Z (NRIC)

Name *	Mdm	Mary Tan
ID No. *	NRIC	S3475652Z
Designation *	Chairman Medical Board	
Professional Board	Please Select	
Professional Type	Please Select	
Professional Regn. No.		
Type of Current Registration		
Current Registration Date	dd/mm/yyyy	
Practicing Certificate End Date	dd/mm/yyyy	
Type of Register		
Specialty		
Sub-specialty		
Other Specialities		
Date when specialty was obtained	dd/mm/yyyy	
Qualification		
Other Qualification		

[+ Add Another Key Appointment Holder](#)

8. To add another Key Appointment Holder, click **Add Another Key Appointment Holder**. After editing Key Appointment Holder details, scroll down and click **NEXT**.

Alternatively, to undo all changes made, click **Undo All Changes**.



Other Qualification

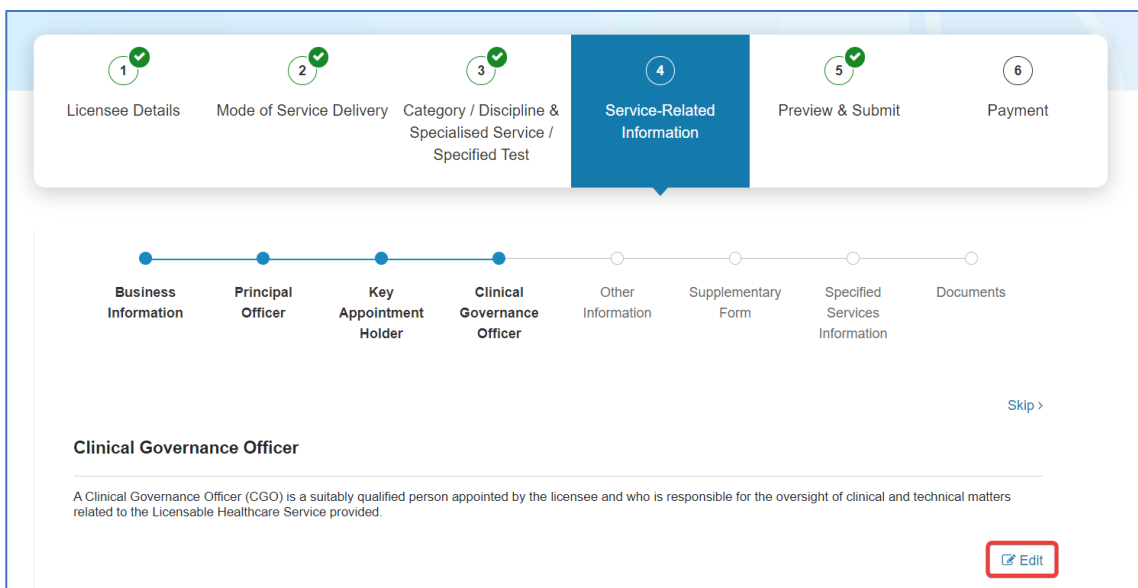
+ Add Another Key Appointment Holder

< Back

Undo All Changes

NEXT

9. Depending on your Licensable Healthcare Service (LHS), you may be brought to the **Clinical Governance Officer** section under **Service-Related Information**. To edit Clinical Governance Officer, click **Edit**.



1 Licensee Details

2 Mode of Service Delivery

3 Category / Discipline & Specialised Service / Specified Test

4 Service-Related Information

5 Preview & Submit

6 Payment

Business Information

Principal Officer

Key Appointment Holder

Clinical Governance Officer

Other Information

Supplementary Form

Specified Services Information

Documents

Skip >

Clinical Governance Officer

A Clinical Governance Officer (CGO) is a suitably qualified person appointed by the licensee and who is responsible for the oversight of clinical and technical matters related to the Licensable Healthcare Service provided.

Edit

10. Edit Clinical Governance Officer details as necessary.

To add new Clinical Governance Officer, click **Add Another Clinical Governance Officer**.

[Skip >](#)

Clinical Governance Officer

A Clinical Governance Officer (CGO) is a suitably qualified person appointed by the licensee and who is responsible for the oversight of clinical and technical matters related to the Licensable Healthcare Service provided.

Clinical Governance Officer

Shawn Khim, S6501435A (NRIC)

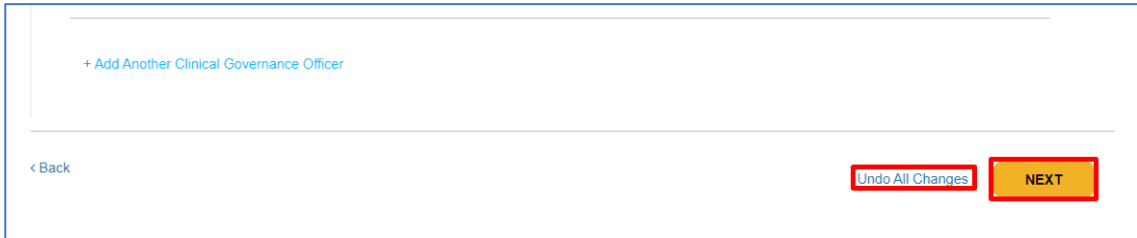
Name *	Dr	Shawn Khim
ID No. *	NRIC	S6501435A
Designation *	Chairman Medical Board	
Professional Board	Please Select	
Professional Type	Please Select	
Professional Regn. No.		
Type of Current Registration		
Current Registration Date	dd/mm/yyyy	
Practicing Certificate End Date	dd/mm/yyyy	
Type of Register		
Specialty		
Sub-specialty		
Other Specialities		
Date when specialty was obtained	dd/mm/yyyy	
Qualification		
Other Qualification		
Mobile No. *	94615048	
Email Address *	shawnkhimreal119@gmail.com	

[+ Add Another Clinical Governance Officer](#)

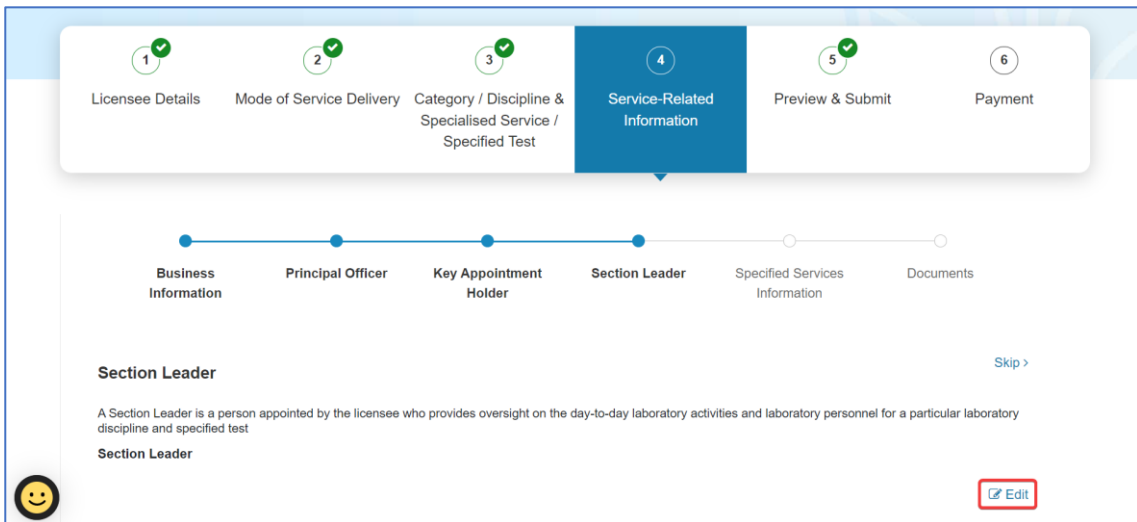
< Back Undo All Changes [NEXT](#)

11. After editing Clinical Governance Officer details, scroll down and click **NEXT**.

Alternatively, to undo all changes, click **Undo All Changes**.

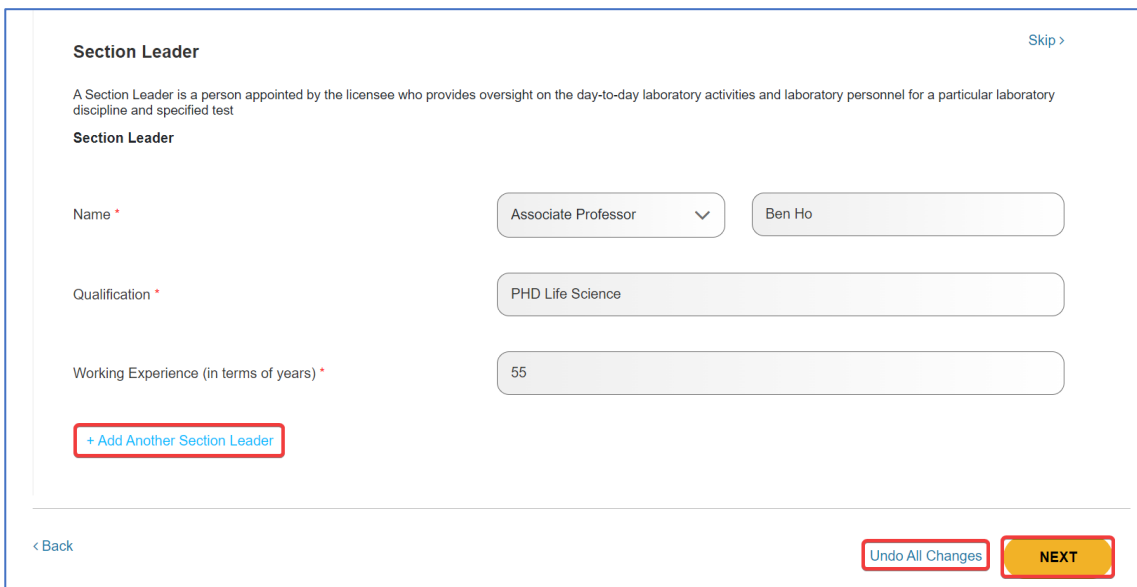


12. Depending on your Licensable Healthcare Service (LHS), you may be brought to the **Section Leader** section under **Service-Related Information**. To edit **Section Leader**, click on **Edit**.



13. Edit Section Leader details as necessary. To add new Section Leader, click **Add Another Section Leader**. Click on **NEXT** to proceed.

Alternatively, to undo all changes made, click **Undo All Changes**.



14. Depending on your Licensable Healthcare Service (LHS), you may be brought to the **Other Information** section under **Service-Related Information**.
 (Refer to [3.1.4.3 on Change of Other Information](#))

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/23O0918/MDS/001/232)

1
 Licensee Details

2
 Mode of Service Delivery

3
 Category / Discipline &
 Specified Service /
 Specified Test

4
**Service-Related
 Information**

5
 Preview & Submit

6
 Payment

Business
Information

Principal
Officer

Key
Appointment
Holder

Clinical
Governance
Officer

Other
Information

Supplementary
Form

Specified
Services
Information

Documents

Other Information [Skip >](#)

Mode of Service Delivery - Permanent Premises

Address: 11 Toa Payoh Lorong 3, 319579

[Edit](#)

Type of medical records *

IT System
 Paper cards

List of options for IT system and paper cards / IT system only *

Clinic Assist

Is clinic open to general public? *

Yes
 No

GFA Value (in sqm) *

700

I declare that I have met URA's requirements for gross floor area *

[Edit](#)

Do you provide Termination of Pregnancy? *

Yes
 No

Do you provide Yellow Fever Vaccination Service? *

Yes
 No

[Edit](#)

Other Services [Edit](#)

3.1.4.3. Change of Other Information (if applicable) under Service-Related Information

1. In the **Other Information** section under **Service-Related Information**, click **Edit**.

[Skip >](#)

Other Information

Mode of Service Delivery - Permanent Premises
Address: 11 Toa Payoh Lorong 3, 319579

Type of medical records * IT System Paper cards [Edit](#)

List of options for IT system and paper cards / IT system only * ▼

Is clinic open to general public? * Yes No

GFA Value (in sqm) *

I declare that I have met URA's requirements for gross floor area *

Do you provide Termination of Pregnancy * Yes No [Edit](#)

Do you provide Yellow Fever Vaccination Service * Yes No

2. Edit details in **Other Information** where necessary and click **NEXT**.
Alternatively, to undo all changes made, click **Undo All Changes**.

[Skip >](#)

Other Information

Mode of Service Delivery - Permanent Premises

Address: 11 Toa Payoh Lorong 3, 319579

Type of medical records * IT System Paper cards

List of options for IT system and paper cards / IT system only *

Is clinic open to general public? * Yes No

GFA Value (in sqm) *

I declare that I have met URA's requirements for gross floor area *

Do you provide Termination of Pregnancy * Yes No

Do you provide Yellow Fever Vaccination Service * Yes No

Other Services

Do you intend to provide the following services:

- Sterile Compounding Service - CAT II Compounding Sterile Preparations
- Termination of Pregnancy (Drug)
- Termination of Pregnancy (Surgical Procedure)
- Termination of Pregnancy (Drug & Surgical Procedure)
- Voluntary Sterilisation (2 reportable categories)
- Yellow Fever Vaccination Service
- TCM (Acupuncture) Services
- In-Vitro Diagnostic (IVD) Tests
- Cataract Surgery
- Aesthetics Service
- Organ Transplant (Consultation)

[< Back](#)

[Undo All Changes](#) [NEXT](#)

3. You may be brought to the **Supplementary Form** section under **Service-Related information**.

Note:

- Information captured in this page are supplementary to the service applied for and this is only applicable for certain services.

(Refer to [3.1.4.4 on Change of Supplementary Form](#))

A Singapore Government Agency Website

MINISTRY OF HEALTH SINGAPORE | HALP Healthcare Application and Licensing Portal

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence (Licence No. L/23O0918/MDS/001/232)**

1 Licensee Details 2 Mode of Service Delivery 3 Category / Discipline & Specified Service / Specified Test 4 **Service-Related Information** 5 Preview & Submit 6 Payment

Business Information Principal Officer Key Appointment Holder Clinical Governance Officer Other Information **Supplementary Form** Specified Services Information Documents

Skip >

Supplementary Form

Mode of Service Delivery - Permanent Premises
Address: 11 Toa Payoh Lorong 3, 319579

Edit

Services Provided

i. General Medical * Yes No

ii. Specialist Medical * Yes No

3.1.4.4. Change of Supplementary Form (if applicable) under Service-Related Information

1. On the **Supplementary Form** section of **Service-Related Information**, click **Edit**.

A Singapore Government Agency Website

MINISTRY OF HEALTH SINGAPORE | HALP Healthcare Application and Licensing Portal

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence (Licence No. L23O0918/MDS/001/232)**

- 1 Licensee Details
- 2 Mode of Service Delivery
- 3 Category / Discipline & Specified Service / Specified Test
- 4 **Service-Related Information**
- 5 Preview & Submit
- 6 Payment

Business Information | Principal Officer | Key Appointment Holder | Clinical Governance Officer | **Other Information** | **Supplementary Form** | Specified Services Information | Documents

[Skip >](#)

Supplementary Form

Mode of Service Delivery - Permanent Premises
Address: 11 Toa Payoh Lorong 3, 319579

[Edit](#)

Services Provided

i. General Medical * Yes No

ii. Specialist Medical * Yes No

If "Yes", please tick the specialties that doctor(s) is registered with SMC

- Anaesthesiology
- Aviation Medicine
- Cardiology
- Cardiothoracic Surgery
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Endocrinology
- Gastroenterology
- General Surgery
- Geriatric Medicine
- Haematology
- Hand Surgery
- Infectious Diseases

2. Edit details of **Supplementary Form** if required. The details of a **Supplementary Form** will differ for each Licensable Healthcare Service (LHS).

Aesthetic Services

Do note that the aesthetic procedures have to be provided in accordance with the prevailing Guidelines on Aesthetic Practices for Doctors and any other requirements stipulated from time to time.

Aesthetic Services are provided in this clinic * Yes No

Health Screening Services

Health screening * Yes No

Mobile / Offsite Health Screening Services * Yes No

Equipment

Medical ultrasound machines * Yes No

Medical laser machines * Yes No

Autoclave machines * Yes No

Resuscitation Services

i. The clinic has the following resuscitation facilities for medical emergencies at all times (including adverse reactions to any form of treatment provided) * Yes No

Pharmaceutical Services

i. Controlled Drugs (CD) are available in my clinic * Yes No

ii. Vaccines are available in the clinic * Yes No

[< Back](#) [Undo All Changes](#) [NEXT](#)

3. After editing details of the Supplementary form, scroll down and click **NEXT**.

Alternatively, to undo all Changes made, click **Undo All Changes**.

Pharmaceutical Services

i. Controlled Drugs (CD) are available in my clinic * Yes No

ii. Vaccines are available in the clinic * Yes No

[< Back](#) [Undo All Changes](#) [NEXT](#)

3.1.4.5. Change of Specified Services Information under Service-Related Information

1. In the **Specified Services Information** section of **Service-Related Information**, click on the **Specified Service sub-section** that you wish to amend

A Singapore Government Agency Website

MINISTRY OF HEALTH SINGAPORE | HA LP Healthcare Application and Licensing Portal

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/2300918/MDS/001/232)

- 1 License Details
- 2 Mode of Service Delivery
- 3 Category / Discipline & Specified Service / Specified Test
- 4 **Service-Related Information**
- 5 Preview & Submit
- 6 Payment

Business Information | Principal Officer | Key Appointment Holder | Clinical Governance Officer | **Other Information** | Supplementary Form | Specified Services Information | Documents

Skip >

Mode of Service Delivery - Permanent Premises
Address: 11 Toa Payoh Lorong 3, 319579

- Specified Services Information - Radiation Oncology & Radiation Therapy
- Specified Services Information - Collaborative Prescribing
- Specified Services Information - Liposuction Service

< Back | Undo All Changes | **NEXT**

2. Click **Edit** on the section you want to edit.

Specified Services Information - Collaborative Prescribing

[Edit](#)

Governance

Medical Practitioner Overseeing the Provision of CP Service

Name of the medical practitioner *

MCR no. of the medical practitioner *

The medical practitioner is the medical director, or Yes No
a member of the medical board or clinical board, of
the approved institution *

3. Edit the **Specified Services Information** as necessary.

Specified Services Information - Collaborative Prescribing

Governance

Medical Practitioner Overseeing the Provision of CP Service

Name of the medical practitioner *

MCR no. of the medical practitioner *

The medical practitioner is the medical director, or a Yes No
member of the medical board or clinical board, of the
approved institution *

4. Click **NEXT** after amending **Specified Services Information**.
Alternatively, to undo all Changes made, click **Undo All Changes**.

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MINISTRY OF HEALTH SINGAPORE | HA LP Healthcare Application and Licensing Portal

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/23O0918/MDS/001/232)

1 Licensee Details 2 Mode of Service Delivery 3 Category / Discipline & Specified Service / Specified Test 4 **Service-Related Information** 5 Preview & Submit 6 Payment

Business Information Principal Officer Key Appointment Holder Clinical Governance Officer Other Information Supplementary Form Specified Services Information Documents

Skip >

Mode of Service Delivery - Permanent Premises
Address: 11 Toa Payoh Lorong 3, 319579

- Specified Services Information - Radiation Oncology & Radiation Therapy
- Specified Services Information - Collaborative Prescribing
- Specified Services Information - Liposuction Service

< Back Undo All Changes NEXT

3.1.4.6. Change of Documents under Service-Related Information

1. In the **Documents** section of **Service-Related Information**, click **Edit** to add or remove documents.

A Singapore Government Agency Website

MINISTRY OF HEALTH SINGAPORE | HA LP Healthcare Application and Licensing Portal

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L123O0918/MDS/001/232)

- 1 Licensee Details
- 2 Mode of Service Delivery
- 3 Category / Discipline & Specified Service / Specified Test
- 4 **Service-Related Information**
- 5 Preview & Submit
- 6 Payment

Business Information | Principal Officer | Key Appointment Holder | Clinical Governance Officer | **Other Information** | Supplementary Form | Specified Services Information | Documents

Service-related Documents [Skip >](#)

Mode of Service Delivery - Permanent Premises [Edit](#)
Address: 11 Toa Payoh Lorong 3, 319579

- ▼ Licensable Service - Outpatient Medical Service
- ▼ Specified Service - Collaborative Prescribing

2. You may delete an existing file by clicking on **DELETE** beside the filename. Click on **UPLOAD** to upload a new file. Click on **REUPLOAD** to replace a file which was uploaded previously. More than one document can be uploaded if necessary. You may download the file by click on the **document hyperlink**.

Service-related Documents

Mode of Service Delivery - Permanent Premises
Address: 11 Toa Payoh Lorong 3, 319579

▲ **Licensable Service - Outpatient Medical Service**

Drawn to scale floor plan of the Premises

UPLOAD

Fire Safety Certificate (from SCDF)

UPLOAD

Hyperbaric Oxygen Therapy Supporting Documents

UPLOAD

Sterile Pharmaceutical Supporting Documents

UPLOAD

Electrocardiography Stress Testing Supporting Documents

UPLOAD

Specialised Cardiac Investigations Supporting Documents

cgocert.png **DELETE** **REUPLOAD**

UPLOAD

Other Supporting Document

UPLOAD

TOP Supporting Document

UPLOAD

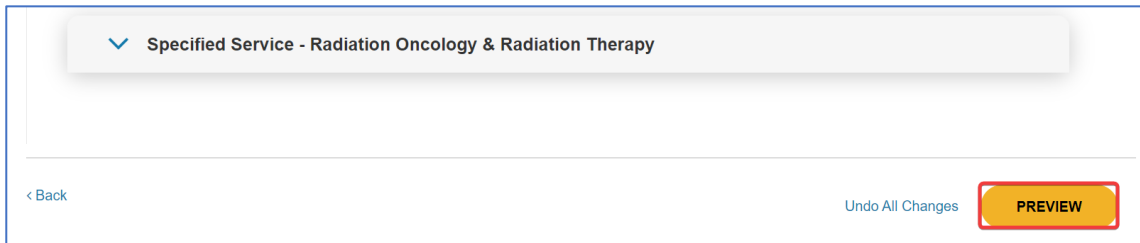
▼ **Specified Service - Collaborative Prescribing**

▼ **Specified Service - Liposuction Service**

▼ **Specified Service - Radiation Oncology & Radiation Therapy**

< Back Undo All Changes **PREVIEW**

3. After editing documents, scroll down and click **PREVIEW**.
(Refer to [3.1.5 on Preview/Declaration page](#))



Specified Service - Radiation Oncology & Radiation Therapy

< Back Undo All Changes **PREVIEW**

3.1.5 Preview/Declaration Page

1. You will arrive at the **Preview and Submit** page.

A Singapore Government Agency Website

MINISTRY OF HEALTH SINGAPORE | HIALP Healthcare Application and Licensing Portal

Shawn Khim

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/23O0918/MDS/001/232)

1 Licensee Details | 2 Mode of Service Delivery | 3 Category / Discipline & Specified Service / Specified Test | 4 Service-Related Information | 5 **Preview & Submit** | 6 Payment

Print

Licensee Details ✓

Mode of Service Delivery ✓

Category / Discipline & Specified Service / Specified Test - Outpatient Medical Service ✓

Service Related Information - Outpatient Medical Service ✓

Please indicate the date which you would like the changes to be effective (subject to approval). If not indicated, the effective date will be the approval date of the change.

I declare that I have checked and reviewed all statements, information and documents provided in this application and that the statements, information and documents are not false, misleading or inaccurate.

I am aware that if I have made any statement, or provided any information or document, that is false or misleading in a material particular; and know or ought reasonably to know that, or is reckless as to whether, the statement, information or document is false or misleading in a material particular, I shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 12 months or to both, under section 43 of the Healthcare Services Act.

I am aware that regulatory action (e.g. revocation or suspension of a licence, forfeiture of the whole or part of any security deposit given by the licensee, directing a licensee to pay a financial penalty) may be taken out against a licensee if the Director General of Health is satisfied that the licence has been obtained by the licensee by fraud, or the licensee has, in connection with the application for the grant of the licence, made a statement or provided any information or document that is false, misleading or inaccurate in a material particular, under section 20 of the Healthcare Services Act.

[Click here to amend other sections](#)

[Back](#)

2. If there are further amendments to be made, click on **Click here to amend other sections to go back**.

I declare that I have checked and reviewed all statements, information and documents provided in this application and that the statements, information and documents are not false, misleading or inaccurate.

I am aware that if I have made any statement, or provided any information or document, that is false or misleading in a material particular; and know or ought reasonably to know that, or is reckless as to whether, the statement, information or document is false or misleading in a material particular, I shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 12 months or to both, under section 43 of the Healthcare Services Act.

I am aware that regulatory action (e.g. revocation or suspension of a licence, forfeiture of the whole or part of any security deposit given by the licensee, directing a licensee to pay a financial penalty) may be taken out against a licensee if the Director General of Health is satisfied that the licence has been obtained by the licensee by fraud, or the licensee has, in connection with the application for the grant of the licence, made a statement or provided any information or document that is false, misleading or inaccurate in a material particular, under section 20 of the Healthcare Services Act.

[Click here to amend other sections](#)

[< Back](#) **SAVE AS DRAFT** **SUBMIT**

3. Do review the declaration statement before checking the box and submitting. Should you wish to indicate a date for the changes to take effect, please indicate the date accordingly. Otherwise, the effective date of change will be the date whereby the Request for change application is approved.

Click **SUBMIT**.

To save the Request for Change application as a draft and continue later, click **SAVE AS DRAFT**.

Category / Discipline & Specified Service / Specified Test - Outpatient Medical Service ✓

Service Related Information - Outpatient Medical Service ✓

Please indicate the date which you would like the changes to be effective (subject to approval). If not indicated, the effective date will be the approval date of the change.

I declare that I have checked and reviewed all statements, information and documents provided in this application and that the statements, information and documents are not false, misleading or inaccurate.

I am aware that if I have made any statement, or provided any information or document, that is false or misleading in a material particular; and know or ought reasonably to know that, or is reckless as to whether, the statement, information or document is false or misleading in a material particular, I shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 12 months or to both, under section 43 of the Healthcare Services Act.



I am aware that regulatory action (e.g. revocation or suspension of a licence, forfeiture of the whole or part of any security deposit given by the licensee, directing a licensee to pay a financial penalty) may be taken out against a licensee if the Director General of Health is satisfied that the licence has been obtained by the licensee by fraud, or the licensee has, in connection with the application for the grant of the licence, made a statement or provided any information or document that is false, misleading or inaccurate in a material particular, under section 20 of the Healthcare Services Act.

[Click here to amend other sections](#)

[< Back](#) **SAVE AS DRAFT** **SUBMIT**

- You will need to select a mode of payment for your application by clicking on the button beside the payment option and click **PAY**.

A Singapore Government Agency Website

Shawn Khim

Amendment




You are amending the **Outpatient Medical Service licence (Licence No. L/23O0918/MDS/001/232)**

1 Licensee Details
 2 Mode of Service Delivery
 3 Category / Discipline & Specified Service / Specified Test
 4 Service-Related Information
 5 Preview & Submit
 6 **Payment**

Payment Summary

Service	Application Type	Application No.	Amount
Outpatient Medical Service (11 Toa Payoh Lorong 3, 319579)	Amendment	AQ2305260024747-01	\$100
Total			\$100

Payment Method

Credit / Debit Card 
 NETS 
 PayNow 

Please **DO NOT CLICK** on the browser's "BACK" button at any point in time whilst making payment or errors will occur. Please contact HALP_helpdesk@moh.gov.sg for any payment related matters.

< Back **PAY**

7. Once payment is successful, an acknowledgement page will be displayed to inform you that you have successfully submitted the Request for Change application.

Note:

- Applicants are encouraged to take a screenshot for record keeping purposes as MOH will not be issuing an invoice for your licence application
- Once application has been successfully submitted, it may take about **6-8 weeks** for application processing.
- Once your application is approved, you will receive a message under **Inbox** tab at the **Dashboard** page.
- You will receive a **Request for Information** message from MOH should any of the MOH officer require any clarifications or additional information with regards to your application. Do check your inbox or email to keep a lookout for any of such messages.

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/23O0130/MDS/002/232)

Submission Successful
- **Outpatient Medical Service**
A confirmation email will be sent to p@p.com.

You have successfully submitted your application. MOH officer will contact you if we need more information.

Transactional details:

Application No.	Transactional No.	Date & Time	Amount Deducted	Payment Method
AQ230609001721L	TRANS-202306007528	09/06/2023	\$100	Credit / Debit Card

[Print](#)

GO TO DASHBOARD

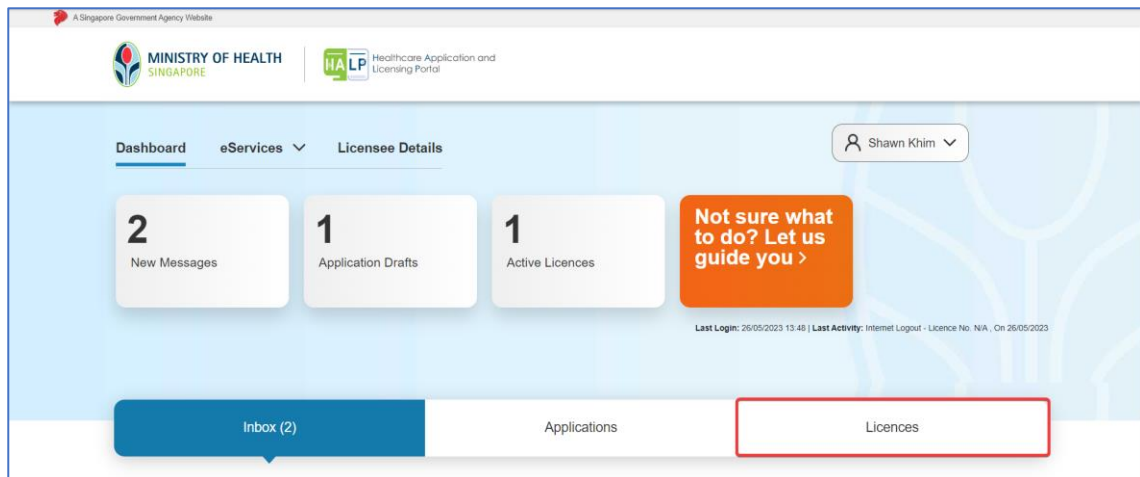
3.2 Change Of Licensee

Licensees intending to change their licensees for their existing licences can do so via this module.

Note:

- For any changes in Key Appointment Holders of **more than 50%**, licensees would be required to apply for a new licence instead.
- If you intend to change to another company, that company will need to log into HALP to create a user account first.

1. At the dashboard, click on the **Licences** Tab.



2. You will be directed to the **Licences** page.

MINISTRY OF HEALTH
eServices Application Portal

Dashboard eServices Licences Details

24 New Messages | 0 Application Drafts | 2 Active Licences

Not sure what to do? Let us guide you

24 Licences | 0 Drafts | 2 Active Licences | 0 Expired Licences

Inbox (24) | Applications | Licences

Search by Licence No. []

Service Type: [all]

Licence Status: [all]

Licence Start Date: [] To []

Licence Expiry Date: [] To []

CLEAR SEARCH

1-3 out of 3 items

License No.	Type	Status	Business Address	Start Date	Expiry Date
U220012M55481030	Technological Services	Active	24 10/ur 3 The Tower #04-05, 04-01/1 (Permanence Pharmacy)	27/03/2023	20/09/2023
U220012M55481030	Dispensary Medical Services	Active	A-016 Woodlands Avenue # 409 (N. 11029) (Permanence Pharmacy)	24/03/2023	23/09/2023
U220012M55481030	Dispensary Medical Services	Cancelled	A-016 Woodlands Avenue # 409 (N. 11029) (Permanence Pharmacy)	24/03/2023	23/09/2023

VIEW | ADD | UPDATE | PRINT

3. You may use the various search options to find your licence. These include **Licence No., Service Type, Licence Status, Licence Start Date and Licence Expiry Date.**

The screenshot shows a search interface for licences. At the top, there is a navigation bar with three tabs: 'Inbox (2)', 'Applications', and 'Licences'. Below the navigation bar, there are several search filters: 'Search by Licence No.' with a text input field, 'Service Type:' with a dropdown menu showing 'All', 'Licence Status:' with a dropdown menu showing 'All', 'Licence Start Date:' with two date input fields (dd/mm/yyyy) and a 'To' label, and 'Licence Expiry Date:' with two date input fields (dd/mm/yyyy) and a 'To' label. At the bottom right, there are two buttons: 'CLEAR' and 'SEARCH'.

4. Alternatively, you may scroll to the bottom of the page to select your licences. Select the checkbox of the licence that you wish to amend. Click **AMEND**.

License No.	Type	Status	Business Address	Start Date	Expiry Date
<input checked="" type="checkbox"/> L/23O0918/MDS/001/232	Outpatient Medical Service	Active	11 Toa Payoh Lorong 3, 319579 (Permanent Premises)	02/05/2023	01/05/2025

Below the table, there are four buttons: RENEW, CEASE, AMEND, and PRINT. The AMEND button is highlighted with a red box.

5. To change licensee, select **Change of Licensee** and click **NEXT**.

(For change in licence information, refer point 6 of [3.1 on Change of licence information](#)).

Amendment

You are amending the **Outpatient Medical Service** licence (Licence No. L23O0918/MDS/001/232)

Please select the type of amendment

Change of Licensee

Change of Licence Information

You may make the following changes:


- Adding or ceasing of specified services (click on "Category / Discipline & Specified Service / Specified Test" on the next page)
- Adding or ceasing of disciplines and/or modalities (click on "Category / Discipline & Specified Service / Specified Test" on the next page)
- Amendments to business address (click on "Mode of Service Delivery" on next page)
- Amendments to business information, e.g., business name, contact information, operation hours, etc. (click on "Service Related Information" on next page)
- Amendments to personnel information, e.g., principal officer, clinical governance officer, etc. (click on "Service Related Information" on the next page)
- [For EAS/ MTS licences] Addition or removal of vehicles (click on "Service Related Information" on the next page)

[← Back](#) **NEXT** →

6. Enter the UEN of the Licensee to transfer the licence to.

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/23O0973/MDS/001/232)


Licence No.	L/23O0973/MDS/001/232
Service Name	Outpatient Medical Service
UEN of Licensee to transfer licence to * 	<input type="text"/>

[< Back](#) NEXT

7. If there is more than a 50% change in board members, the system will prompt you to cease the licence and for the transferee to submit a new licence application instead.

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/23O0973/MDS/001/232)

Licence No.	L/23O0973/MDS/001/232
Service Name	Outpatient Medical Service
UEN of Licensee to transfer licence to * 	<input type="text" value="860611132G"/>

Please note that you are unable to proceed with a licence transfer.
Please submit a Cessation Application and advise the new licensee
who is taking over to apply for a new licence.

[< Back](#) NEXT

8. Select the licensee to transfer to. You will also have the option to **Add a new individual licensee** to transfer to
Once done, click **NEXT**.

Amendment

You are amending the **Outpatient Medical Service licence** (Licence No. L/23O0973/MDS/001/232)

Licence No.	L/23O0973/MDS/001/232
Service Name	Outpatient Medical Service
UEN of Licensee to transfer licence to *	<input type="text" value="467906295G"/>
Please select the licensee to transfer to *	<div><p>Please Select</p><p>Please Select</p><p>Paul Zhou, S2964851D</p><p>Shawn Khim Pte Ltd</p></div>

[< Back](#) **NEXT**

9. If **Add a new individual licensee** is selected, you will be brought to another page to fill in the details of the new licensee.

Fill in all the details of the new individual licensee and click **NEXT**.

Amendment

You are amending the **Acute Hospital Service licence** (Licence No. L/23O0703/AHS/001/230)

Licensee Details:

ID No. *

License Name *

Postal Code * [Retrieve your address](#)

Address Type *

Block / House No.

Floor / Unit No. -

Street Name *

Building Name

Mobile No. *

Email Address *

[< Back](#) [NEXT](#)

10. Once you have selected the licensee or entered details of the new licensee, you will arrive at the summary of change of licensee.
If you have added a new licensee, the page below will be shown.

Amendment

You are amending the **Clinical Laboratory licence (Licence No. L/2117246/CLB/001/212)**

Licence No.	L/2117246/CLB/001/212
Service Name	Clinical Laboratory
UEN of Licensee to transfer licence to	661797808K
Add a new licensee	S8478698E
ID No.	S8478698E
Licensee Name	Doralin Chua

11. Otherwise, if you have selected an existing licensee, the page below will be shown.

Amendment


You are amending the **Clinical Laboratory licence (Licence No. L/2117246/CLB/001/212)**

Licence No.	L/2117246/CLB/001/212
Service Name	Clinical Laboratory
UEN of Licensee to transfer licence to	661797808K
Licensee to transfer to	Daniel Lee

12. Fill up the text box under **Reason for licence transfer**.

Fill up the email address of the transferee and upload a letter of undertaking by clicking the **UPLOAD** button.

Tick the declaration checkbox and click **NEXT** to proceed.

Reason for licence transfer	<input type="text"/>
Email address of transferee *	<input type="text"/>
Letter of Undertaking * 	<input type="button" value="UPLOAD"/>

I declare that I have checked and reviewed all statements, information and documents provided in this application and that the statements, information and documents are not false, misleading or inaccurate.

I am aware that if I have made any statement, or provided any information or document, that is false or misleading in a material particular; and know or ought reasonably to know that, or is reckless as to whether, the statement, information or document is false or misleading in a material particular, I shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 12 months or to both, under section 43 of the Healthcare Services Act.

I am aware that regulatory action (e.g. revocation or suspension of a licence, forfeiture of the whole or part of any security deposit given by the licensee, directing a licensee to pay a financial penalty) may be taken out against a licensee if the Director General of Health is satisfied that the licence has been obtained by the licensee by fraud, or the licensee has, in connection with the application for the grant of the licence, made a statement or provided any information or document that is false, misleading or inaccurate in a material particular, under section 20 of the Healthcare Services Act.

[< Back](#)

13. You will be directed to the overview page. Ensure that details of the submission are correct.

Amendment

You are amending the **Clinical Laboratory licence (Licence No. L/2117246/CLB/001/212)**

Licence No.	L/2117246/CLB/001/212
Service Name	Clinical Laboratory
UEN of Licensee to transfer licence to	661797808K
Licensee to transfer to	Daniel Lee
Reason for licence transfer	No longer wish to provide the services.
Email address of transferee *	daniellee@sgmedical.com

14. After reviewing, scroll to the bottom of the page and click **NEXT**.

I declare that I have checked and reviewed all statements, information and documents provided in this application and that the statements, information and documents are not false, misleading or inaccurate.

I am aware that if I have made any statement, or provided any information or document, that is false or misleading in a material particular; and know or ought reasonably to know that, or is reckless as to whether, the statement, information or document is false or misleading in a material particular, I shall be guilty of an offence and shall be liable on conviction to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 12 months or to both, under section 43 of the Healthcare Services Act.

I am aware that regulatory action (e.g. revocation or suspension of a licence, forfeiture of the whole or part of any security deposit given by the licensee, directing a licensee to pay a financial penalty) may be taken out against a licensee if the Director General of Health is satisfied that the licence has been obtained by the licensee by fraud, or the licensee has, in connection with the application for the grant of the licence, made a statement or provided any information or document that is false, misleading or inaccurate in a material particular, under section 20 of the Healthcare Services Act.

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15. You will need to select a mode of payment for your application by clicking on the button beside the payment option and click **PAY**.

Amendment

You are amending the **Clinical Laboratory licence** (Licence No. L/22I7817/CLB/002/220)

Payment Summary

Service	Application Type	Application No.	Amount
Clinical Laboratory	Amendment	AQ220909062861R	\$100
Total amount due:			\$100

Payment Method

Credit / Debit Card
 NETS
 PayNow

Please **DO NOT CLICK** on the browser's "**BACK**" button at any point in time whilst making payment or errors will occur. Please contact HALP_helpdesk@moh.gov.sg for any payment related matters.

[< Back](#) PAY

16. Once payment is successful, an acknowledgement page will be displayed to inform you that you have successfully submitted the Request for Change application.

Note:

- Applicants are encouraged to take a screenshot for record keeping purposes as MOH will not be issuing an invoice for your licence application
- Once application has been successfully submitted, it may take about **6-8 weeks** for application processing.
- Once your application is approved, you will receive a message under **Inbox** tab at the **Dashboard** page.
- You will receive a **Request for Information** message from MOH should any of the MOH officer require any clarifications or additional information with regards to your application. Do check your inbox or email to keep a lookout for any of such messages.

Amendment

You are amending the **Clinical Laboratory licence** (Licence No. L/21I7246/CLB/001/212)

Submission successful

A confirmation email will be sent to daniellee@smedical.com.

You have successfully submitted your application. MOH officer will contact you if we need more information.

Transactional details:

Application No.	Transactional No.	Date & Time	Amount Deducted	Payment Method
AQ2112060604407	TRANS-202112028305	06/12/2021	\$100	Credit / Debit Card

[Print](#) GO TO DASHBOARD