Voluntary Notification of Complementary Health Products

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Response ID	6899b2f0e7e80a69bb357832
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Section A: Company Particulars	
Company Name	NZ NUTRACEUTICAL (SG) PRIVATE LIMITED
Local Address	143, CECIL STREET, GB BUILDING, #16-01, SINGAPORE 069542
Contact Number	60124811880
Section B: Company Representative's Particulars	
Salutation	Mr
Name of Company Representative	TAN KEE PENG
Designation	DIRECTOR
Contact Number	60124811880
Email	ktzealand@gmail.com
Section C: General Product Details	
Product Type	Health Supplement
Product Subtype	Others
Product Name	NZNUTRA LINGZHI SPORE OIL DHA WITH TOCOTRIENOLS
Dosage Form	Capsules (hard, softgel)
Pack Size	30 SOFTGEL CAPSULES PER BOX
Maximum Daily Unit Dose	1 to 2 SOFTGEL CAPSULE AFTER MEAL FOR ADULT
Section D: Ingredient Information	
Active Ingredient(s) (Ingredient Name, Quantity per Dosage Unit (Numerical Value Only), Unit of Measurement)	DHA/EPA-rich oil derived from microalgae schizochytrium sp.,650,milligram (mg)

Active Ingredient(s) (Ingredient Name, Quantity per Dosage Unit (Numerical Value Only), Unit of Measurement)	Ganoderma lucidum spores,300,milligram (mg)
Active Ingredient(s) (Ingredient Name, Quantity per Dosage Unit (Numerical Value Only), Unit of Measurement)	Elaeis guineensis (oil),50,milligram (mg)
Inactive Ingredient(s) (Ingredient Name, Quantity per Dosage Unit (Numerical Value Only), Unit of Measurement)	Water,1,milligram (mg)
Does your product contain ruminant-derived materials used either as an active or inactive ingredient?	No
Claims on Product Label (Claims List)	Help enhance/promote healthy liver function
Claims on Product Label (Claims List)	Decrease/reduce mental/cognitive fatigue
Section E: Manufacturer Particulars	
Location of Manufacturer	Overseas
Manufacturer Name (Overseas)	Others
Manufacturer Name	BIOVIT GMP LABORATORIES LIMITED
Importer Name	NZ NUTRACEUTICAL (SG) PRIVATE LIMITED
Section F: Assembler(s) Particulars, If Any	
Assembler Name	NA
Section G: Documents Submission	
Manufacturer's Licence/Certification	1. Biovit GMP Laboratries Ltd. CoC_MPI-NP3.pdf
Description of manufacturing process	2. Manufacturing Process.pdf
Finished product specifications	3. NZNutra Lingzhi Spore Oil DHA with Tocotrienols - 2025-08-06.pdf
Certificate of Analysis (including appropriate test parameters, their specification and references)	1-4. NZNutra Lingzhi Spore Oil DHA with Tocotrienol - WAF0015N - Interim COA(SG).pdf
Laboratory test report for toxic heavy metal and microbial limits (including method reference)	4. NZNutra Lingzhi Spore Oil DHA with Tocotrienol - WAF0015N - Interim COA(SG).pdf
Final artwork or product label (including the location of batch number and expiry date)	5. NZNutra Lingzhi-DHA with tocotrienol BOX (SG) Apr 2025 OP2.pdf
Package leaflet (if any)	
Undertaking Form for Website Address or QR Code on Packaging Materials (if applicable)	
Product linkage form (if applicable)	
Section H: Declaration and Undertaking	

Is your company/manufacturer currently under investigation by any authority for non-compliance?	No
Other Declaration and Undertaking	1. I declare that the information provided in the form is current and correct., 2. I understand that the information I am submitting about my product will form the basis for the HSA's verification of this submission and its notification outcome., 3. I undertake to inform HSA if the product is subsequently not allowed for sale, or if there are any changes in the classification or legal status of the product in the country of origin., 4. I understand that the notification outcome only applies to my product based on the information submitted and/or may be subsequently submitted by me and acknowledged by HSA (as the case may be). I understand that it is my responsibility to ensure that each batch of my product continues to meet all the legal requirements and published guidelines, and conforms to the standards and specifications of the product that I have declared to HSA. , 5. I undertake to provide HSA with documentation to support the standards and specifications of the product, where requested. I undertake to inform HSA should there be any changes to the product information., 6. I understand that I cannot place reliance on HSA’s acknowledgement of the notification of my product in any legal proceedings concerning my product where my product has failed to conform to the standards and specifications that I have declared to HSA., 7. I undertake that batches of this product will not be sold or supplied locally unless I have checked that the results of toxic heavy metals, microbial contamination and any other substances as required by HSA have met the applicable requirements., 8. I declare that this product is not a counterfeit. , 9. I undertake to stop the sales, conduct product recall, provide supply records and comply with other instructions by HSA should it be found adulterated with substances listed under Poisons Act and/or active synthetic analogues of such substances., 10. I undertake to report all local serious adverse effects of the above product to HSA within 7 days upon receipt of such information. I will also report product safety issues and conduct recalls of unsafe or defective product if detected or when directed by HSA., 11. I undertake to ensure that there are no false or misleading claims in product label and advertisements., 12. Where applicable, I undertake to apply for the relevant permits before carrying out any advertisement or sales promotion of the above product. I understand that notification of the above product does not imply that the product name and/or its claims will be allowed for advertising purposes., 13. I undertake to not use the CHP product notification outcome as a marketing tool to advertise or promote the above product.

You will receive an acknowledgement email with a copy of this form and Response ID once you click “Submit”.	
Please review your form before submission. Any amendment of the information on the form, including typographical errors, would require a new submission.	
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