

NEW APPLICATION FOR AUTHORISATION / APPROVAL TO IMPORT RESTRICTED SUBSTANCES OR THERAPEUTIC PRODUCT CONTAINING RESTRICTED SUBSTANCE

Please note that companies must register with Client and Registration and Identification Service (CRIS) and applicants must have valid CRIS user rights in order to be able to submit applications on behalf of the company via apply@prism. For more information on CRIS, please refer to http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/CRIS.html

1. The online form may take an average of 15 minutes to fill in.

The time taken varies depending on the number and sizes of the file attachments, configurations of your computer and network, internet performance, etc. Please note that the time stated above excludes time taken for preparatory work in relation to filling the online form (e.g. scanning documents for file attachments).

The recommended computer and network configurations can be found at

http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/PRISM_e-services/system-requirements-for-prism.html

2. With effect from 1 September 2018, the applicant will require a CorpPass before he/she can login to PRISM to retrieve the application form. A person who drafts an application on behalf of his/her company and is not a Singaporean Citizen, Permanent Resident or Employment Pass holder can apply for a HSA PIN to login to PRISM. The CorpPass or HSA PIN is necessary for authentication and authorization purposes.

For more information on CorpPass, please refer to <http://www.corppass.gov.sg/>

For more information on HSA PIN, please refer to

http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/HSA_PIN.html

3. Mode of payment

Please note that there will be no refund of any payment made in relation to applications submitted through PRISM.

The modes of payment available are as follow:

- GIRO
- Non-GIRO: eNETS (Credit/Debit Card)

Payment by GIRO requires pre-registration. The [GIRO application form](#) is required to be submitted by post to the HSA Finance Department. The correspondence address can be found in the application form. The registration process will take around 3 to 4 weeks after the submission of the application form.

Application Form

Part 1. Company Particulars

This section requires the applicant to verify and fill in any other relevant information relating to the company.

- (1) Company details such as **Name**, **Address**, **Telephone** and/or **Fax** will be pre-populated based on the registered CRIS records.

If you need to makes changes to this information, please submit the changes via the “**Amend Company Information**” module under the amend@prism on PRISM e-Service webpage.

- (2) Indicate if the Billing Address is the same as the Company Address.
- (3) If the Billing Address is not the same as **Company Address**, please fill in the ‘**Postal Code**’ field and click the ‘**Retrieve Address**’ button. The **Block/House No**, **Street Name** and **Building Name** will be populated.
- (4) Fill in the ‘**Level-Unit**’ field and any additional detail relating to the company in the ‘**Other Address Details**’ field. *(If applicable)*
- (5) Click ‘**Next**’ button to proceed to **Part 2. Applicant Particulars** section.

1. Company Particulars			
1.1 Name : *	ABC Co Ltd.,l		
1.2 Location Code :	1		
1.3 Company Address			
1.3.1 Address Type : *	Local		
1.3.2 Postal Code : *	541111		
1.3.3 Block / House No :	111A	1.3.4 Level - Unit :	# -
1.3.5 Street Name :	RIVERVALE WALK		
1.3.6 Building Name :	MULTI STOREY CAR PARK		
1.3.7 Country :	SINGAPORE		
1.4 Tel : *	12345678	1.5 Fax :	
Your Fax No. is necessary for our future correspondence			
1.6 Is Billing Address the same as the Company Address ? *	<input checked="" type="radio"/> Yes		<input type="radio"/> No
1.8 Unique Entity No.(UEN) :	PatchUEN1		

Next Reset

Part 2. Applicant Particulars

This section requires the applicant to verify and enter any other relevant information relating to the applicant particulars.

- (1) Applicant details such as name, NRIC / FIN, designation, Telephone/Fax/Handphone number and e-mail address will be pre-populated based on the registered CRIS records.

If you need to makes changes to this information, please submit the changes via the “**Amend Applicant’s Details For Licences and Applications**” module under the amend@prism on PRISM e-Service webpage.

- (2) Select the type of **Preferred Contact Mode**

(Note: Please ensure that the relevant contact details above are entered for your preferred contact mode. Please note that the preferred contact mode is the mode which you will receive the final notification of this application.)

During the course of this application, you will receive our Input Request (i.e. queries), if any, via email if you have indicated your email address above, regardless of your selected preferred contact mode.)

- (3) Click ‘**Next**’ button to proceed to **Part 3. Licence Information** section.

Fields marked with an asterisk * are mandatory.

2. Applicant Particulars	
2.1 Name: *	<input type="text"/> (as in NRIC/FIN)
2.2 NRIC/FIN: *	<input type="text"/> (Example: S1234567A, F1234567A)
2.3 Designation: *	<input type="text"/>
2.4 Contact Details	
2.4.1 Tel: *	<input type="text"/>
2.4.2 Fax:	<input type="text"/>
2.4.3 Handphone:	<input type="text"/>
2.4.4 Pager:	<input type="text"/>
2.4.5 Email:	<input type="text"/>
2.5 Preferences	
2.5.1 Preferred Contact Mode: *	<input type="radio"/> Email <input type="radio"/> Fax <input type="radio"/> SMS <small>(Please ensure that the relevant contact details above is entered for your preferred contact mode. Please note that this preferred contact mode is the mode which you will receive the final notification of this application. During the course of this application, you will receive our input requests (i.e. queries), if any, via email if you have indicated your email address above, regardless of your selected preferred contact mode.)</small>

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Part 3. Licence Information

This section requires the applicant to enter the following information as applicable:

- 3.1 Therapeutic Products Importer's Licence Number
- 3.2 Poisons Licence Number
- 3.3 Import of Clinical Research Material Notification Number
- 3.4 Product Registration Number
- 3.5 Consignment Approval for Registered Therapeutic Products
- 3.6 Import Unregistered Therapeutic Product for Use On Named-Patient Basis Approval No

At least one of items 3.1, 3.2 or 3.3 should be entered.

Click '**Next**' button to proceed to **Part 4. Name of Person to Appear on Licence** section.

Fields marked with an asterisk * are mandatory.

3. Licence Information	
3.1 Therapeutic Products Importer's Licence No :	<input type="text"/>
3.2 Poisons Licence No :	<input type="text"/>
3.3 Import of Clinical Research Material Notification Number :	<input type="text"/>
3.4 Product Registration No :	<input type="text"/>
3.5 Consignment Approval for Registered Therapeutic Products :	<input type="text"/>
3.6 Import Unregistered Therapeutic Product for Use On Named-Patient Basis Approval No :	<input type="text"/>

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Part 4. Name of Person to Appear on Licence

This section is optional. It is completed if the company wishes to have a person responsible for the import to be named in the authorisation / approval. The person indicated should be of sufficient authority to take responsibility for the import.

To proceed to the next section, Part 5. Exporter Particulars, click 'Next'.

4. Name Of Person To Appear On Licence

4.1 Name of person to appear on licence: (optional)

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Part 5. Exporter Particulars

This section requires the applicant to fill in the name and address of the exporter, mode of import (Air, Land or Sea) and proposed period of import.

Click 'Next' button to proceed to **Part 6. Substances to be Imported.**

5. Exporter Particulars	
5.1 Name of Exporter :*	<input type="text"/>
5.2 Address of Exporter	
5.2.1 Address Type : *	Overseas
5.2.2 Address : *	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
5.2.3 Province :	<input type="text"/>
5.2.4 State :	<input type="text"/>
5.2.5 City :	<input type="text"/>
5.2.6 Country :	Select Country ▾
5.2.7 Postal Code :	<input type="text"/>
5.3 Telephone No :	<input type="text"/>
5.4 Fax No :	<input type="text"/>
5.5 Mode of Import :*	Select Mode ▾
5.6 Proposed Period of Import :*	<input type="text"/>

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Part 6. Substances to be Imported

(1) In section 6(a), the applicant is required to fill in the following information:

- 1) Brand/name of substance to be imported
- 2) Total quantity of units to be imported
- 3) Indicate "Yes" or "No" for diagnostic device or raw material
- 4) Purpose of import. If "For other purpose" is selected, a text box will appear for the applicant to enter further details
- 5) Present stock
- 6) Country of re-export (if importing for re-export)

(2) Click on the "Add Substance" button. The page will refresh showing the Substance Name in the "List of Substances Added". To remove any substance name that has been wrongly added to the "List of Substances Added", tick the box beside the Substance Name and click the "Remove Substance(s)" button.

(3) Tick the box beside the substance name and click on the "Add/View/Update/Remove Ingredient(s)" button which will bring you to section 6(b) Ingredient Details.

6 (a) Substances To Be Imported	
6.1 Brand/Name of Substance To Be Imported :	A
6.14 Total Quantity Of Units To Be Imported :*	1000.0
6.2 Diagnostic Device :*	No
<i>(Please attach a list of diagnostic device/s)</i>	
6.3 Purpose of Import :*	<input checked="" type="radio"/> For Local Consumption <input type="radio"/> For Re-Export <input type="radio"/> For Use as Clinical Research Material <input type="radio"/> For other purpose (Eg Scientific Research / Animal Use / Destruction / Supply to ships and /or aircraft)
6.4 Raw Material :*	<input type="radio"/> Yes <input checked="" type="radio"/> No
6.5 Present Stock :*	1
6.6 Dosage Form :	Select Dosage Form ▼
6.7 Presentation :	Select Presentation ▼
6.8 Pack Size and Quantity Of Packs :	
6.9 Country of re-export (if applicable) :	Select Country ▼

List Of Substances Added					
Substance Name	Total Quantity Of Units To Be Imported	Diagnostic Device	Raw Material	Purpose of Import	Total No Of Ingredients Added
<input type="checkbox"/> A	1000	No	No	For Local Consumption	No Ingredient Added

- (4) In section 6(b), the applicant is required to fill in the following information:
- 1) Type the Active pharmaceutical ingredient name
 - 2) Quantity present in each unit
 - 3) Unit of measurement
- (5) Once all the information for the Ingredient Details has been entered, click on the “Add Ingredient” button. The page will refresh showing the Active Pharmaceutical Ingredient in the “List of Active Pharmaceutical Ingredient(s) Added”. Check that the information on the list is correct. Click the “Back” button to return to section 6(a).

[Back](#)

Fields marked with an asterisk * are mandatory.

6 (b) Ingredient Details	
6.9 Substance Name :	A
6.10 Raw material :	No
6.11 Active Pharmaceutical Ingredient(s) in INN Names :	ABC
6.12 Quantity present in each unit :	1000
6.13 Unit of measurement :	milligram(mg) ▼
6.14 Total quantity of units to be imported :	1000.0
6.15 total quantity of substance to be imported :	1000000.0

[Add New Ingredient](#)

[Update](#)

List of Active Pharmaceutical Ingredient(s) Added			
Active Pharmaceutical Ingredient Name	Quantity present in each unit	Total Quantity of Substance To Be Imported	Unit of Measurement
<input type="checkbox"/> ABC	1000	1000000	milligram(mg)

[Remove](#)

Additional instructions:

- i. If the information displayed on the “List of Active Pharmaceutical Ingredient(s) Added” requires correction, click onto the name of the Active Pharmaceutical Ingredient on the list. The information on the Active Pharmaceutical Ingredient that has been selected will appear in section 6(b). Make the necessary correction and click the “Update” button when done. The updated information will now appear in the “List of Active Pharmaceutical Ingredient(s) Added”.
- ii. To remove any Active Pharmaceutical Ingredient that has been wrongly added to the “List of Active Pharmaceutical Ingredient(s) Added”, tick the box beside the Active Pharmaceutical Ingredient Name and click the “Remove Substance(s)” button.

Click ‘Next’ button to proceed to **Part 7. Supporting Attachments** section.

Part 7. Supporting Attachments

This section allows the attachment of any supporting documents for the application.

Add Supporting Attachments:

- (1) Click on the **Browse** button to select the required file for attachment.
- (2) Select the required file.
- (3) Click on the **Ok** button.
- (4) Click on the **Attach File** button for the file to be attached to this application.
- (5) Fill up remarks with regards to the attachment if required.
- (6) Click ‘Next’ button to proceed to **Part 8. Confirmation and Declaration** section.

Remove Supporting Attachments:

- (1) Click on the checkbox next to the attachment(s) from the **List of Attachments Table**.
- (2) To delete the attachment, click on the checkbox beside the attachment.
- (3) Click the ‘**Remove**’ button.

Fields marked with an asterisk * are mandatory.

7. Supporting Documents

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 List of diagnostic devices :	Browse...
7.2 Other Supporting Documents :	Browse...

The file extensions, which are acceptable and supported for attachments, are:

- tif (Black & White)
- jpg (graphics files)
- pdf (Adobe Acrobat files)
- doc (Microsoft Word files)
- xls (Microsoft Excel files)
- ppt (Microsoft PowerPoint files)
- avi (audio visual, if required)
- mpeg (audio visual, if required)

(Note: If the file size is too big (estimate about 2MB and above), the attachment time may take a longer time to upload.)

Part 8. Confirmation and Declaration

This section shows the information provided in all sections of the Application Form for Authorisation / Approval to Import Restricted Substances.

- (1) The applicant is required to confirm that the information provided in all sections are correct and click the **'Validate'** button.

*(Note: Applicant may click the **'Save'** button to save a copy of the draft application if he/she wishes to complete the application at a later time.)*

- (2) Once validation is successful, the applicant is advised to read through the declaration carefully before accepting to undertake the conditions.
- (3) Click the **'Submit'** button to submit the application.

All applicants under the Medicines Act (MA) / Health Products Act (HPA) must comply with the MA/HPA and their regulations. This is to ensure that all health products in Singapore meet the required standards of safety, quality and efficacy. Applicants must also comply with all other applicable laws and their regulations.

Declaration

1. I, on behalf of my company, confirm that the information submitted in this application is true and accurate.

Accept Decline

Payment Advice

Sn	Description	Amount (SGD)	GST
1	Import Authorisation (Restricted Subs)	100.00	Y

The total payment for your application is SGD **100.00**.

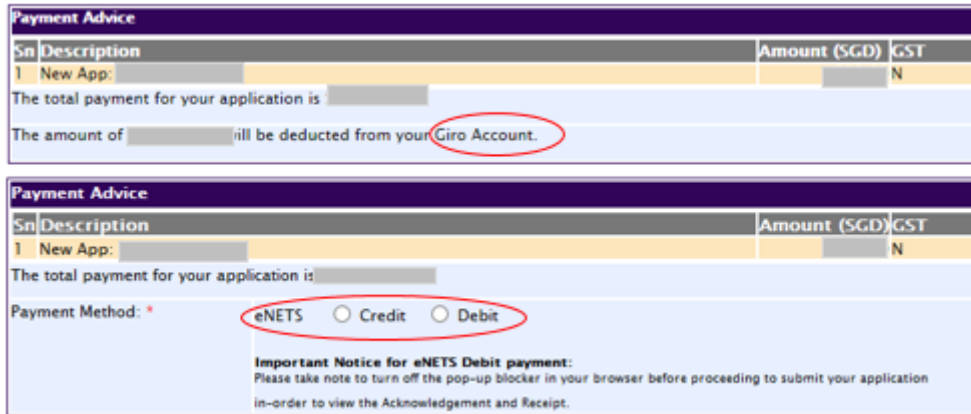
The amount of SGD **100.00** will be deducted from your Giro Account.

Payment Advice

This section shows the application fee for the licence applied.

There are 2 modes of payment available:

- GIRO
- eNETS



Sn	Description	Amount (SGD)	GST
1	New App.		N

The total payment for your application is

The amount of will be deducted from your Giro Account.

Payment Method: * eNETS Credit Debit

Important Notice for eNETS Debit payment:
Please take note to turn off the pop-up blocker in your browser before proceeding to submit your application in-order to view the Acknowledgement and Receipt.

For GIRO, the amount payable will be deducted from the relevant bank account. This mode of payment is a recurring deduction.

For eNETS, the payment choice is either Credit Card or Debit Card.

This is applicable for applicants with Non-GIRO Payment Method.

If the Credit option is selected, the page will be re-directed to the relevant screen for the applicant to input the credit card details.



eNETS
Consumer eNETS

Privacy Policy
Security Guidelines
Customer Service

credit/debit card payment

If you are using a pop-up blocker, please add the following list as your allowed sites. Otherwise, the relevant transaction pages from the banks may not be displayed, or your transaction request may not be completed.

1. www.enets.sg

TRANSACTION INFORMATION

Merchant Name: Health Sciences Authority
Merchant Reference Code: ECT1700002K
NETS Reference Code: 2017010R152942902
Amount: SGO 500.00

Important notice: Please note down the transaction information in this section just in case you need to raise any query on this transaction.

CREDIT/DEBIT CARD INFORMATION


Name on Card:
Card Number:
Please note that the Credit Card number should be 13 or 16 digits. Please input your card number without space or dash.
CVV / CVC2: (What is CVV/CVC2)
Expiry Date: / (YY MM)

I have read, understood and accepted the following:

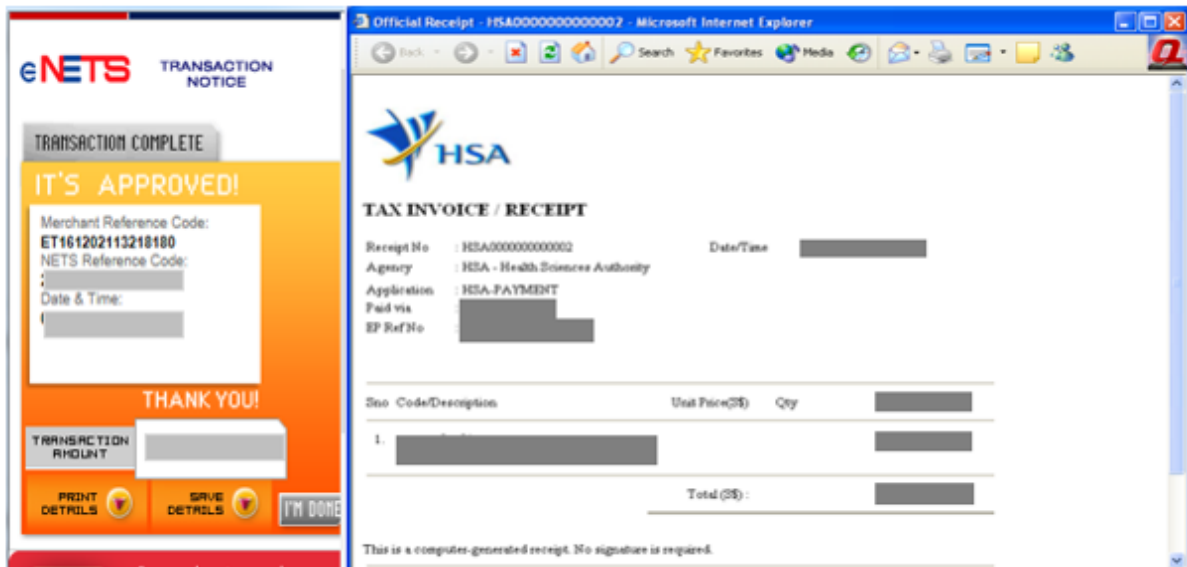
- The return & refund policy for the purchase of relevant products / services.
- The collection, use, disclosure and sharing of this information, which to the best of my knowledge and belief is true and accurate and is for purposes reasonably required to process my application which are set out in **NETS' Data Protection Policy**.

Fast, Secure & Hassle-free transactions

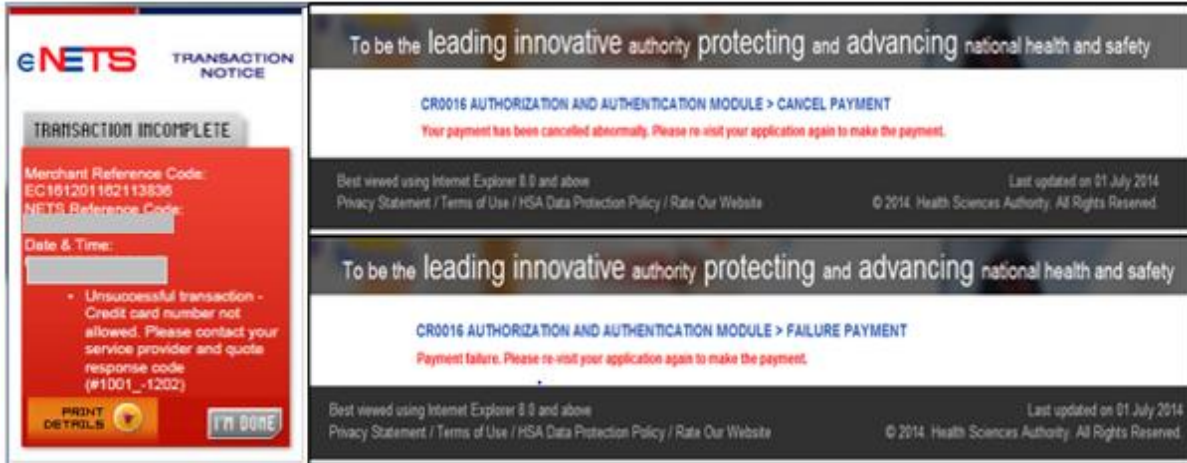
If the Debit option is selected, the page will be re-directed to the relevant screen for the applicant to select the bank first before being re-directed to input the debit card details. This mode of payment is a one-time deduction only.



Upon successful transaction, an eNETS official receipt and a HSA tax invoice will be generated.



If the payment was made via eNETS and was not completed successfully, the system will prevent retrieval of the draft application and the applicant will need to contact [HSA HelpDesk](#) for assistance.

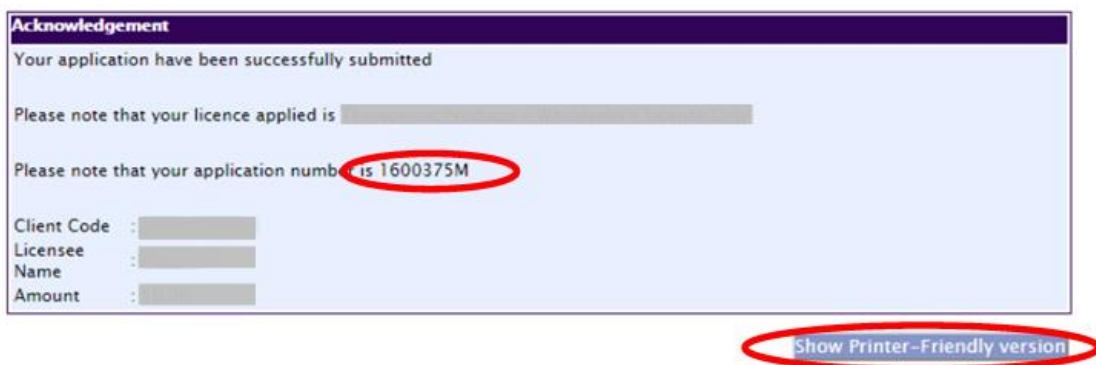


To submit the completed application, click the **'Submit'** button. Applicant will be prompt to confirm the submission. The application will then be submitted to HSA for the relevant personnel's processing.

Acknowledgement

This section acknowledges that the application has been submitted to HSA for processing. An application number will be generated for the successful application submitted.

Applicants may wish to print a copy of this acknowledgement page or take note of the **Application Number** for ease of reference. Applicants may provide the application number if they wish to communicate with HSA.



Note: The show Printer Friendly version allows applicant to print or view the application.

Input Request

Input Requests arise when the reviewing HSA officer requires further clarification from the applicant regarding the application. This section illustrates how applicants can respond to the Input Request.

A notification will be sent to the applicant to inform the applicant to log in to track@prism to make the necessary changes.

Input requests can be classified as Primary or Secondary.

- Primary Input Request requires changes to be made directly on the application form.

- **Secondary Input Request** requires applicant's explanation to certain matters pertaining to the application form submitted.

Responding to Primary Input Request

- (1) In track@prism enter the Application Number to retrieve the application that requires clarification.

PZ0951 TRACK@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 eservices.

General Search

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

Application/Submission Type *

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

Enquiry Type *

Transaction No.

Application/Submission No.

Licence/Permit/Certificate/Listing/Notification/Registration No.

Product Name.

Submission Date (dd/mm/yyyy) To

Last Update Date (dd/mm/yyyy) To

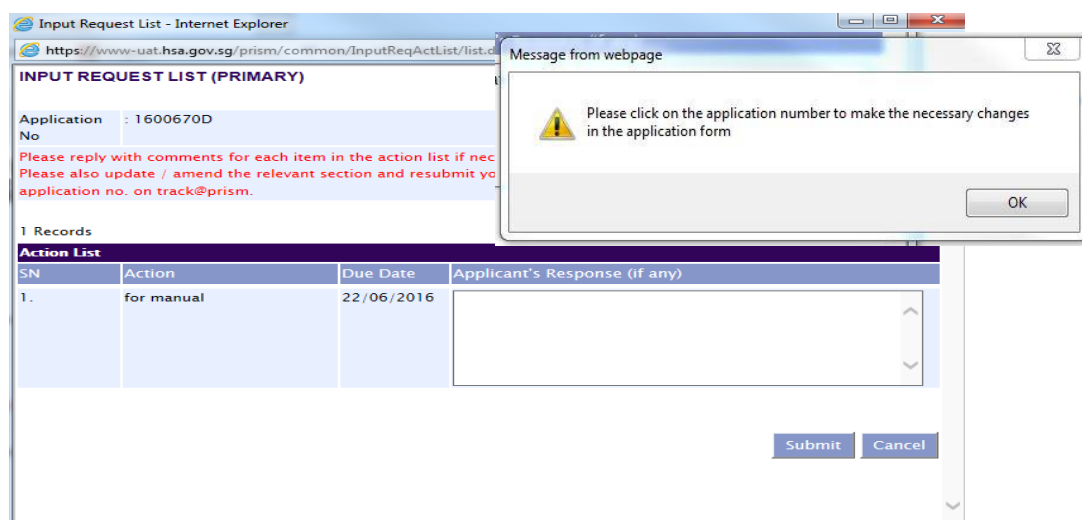
- (2) Click on the **'HSA Input Request'** to view if any reply is required from the applicant. Click the **'Submit'** button and an alert message will pop up to prompt you to make the necessary changes in the application form.

S/No	Application No	Transaction No	Product Name	Application/Submission Status	Date Required	Last Updated Date	HSA Input Request
1	1600670D	T1601220K	NA	Input Request	22/06/2016	14/06/2016	Click here for Primary IR (15/06/2016)

Please do not access the record using the new window via right mouse click.

1 Matching Record(s)

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The screenshot shows the 'Input Request List - Internet Explorer' window. The main content area displays the 'INPUT REQUEST LIST (PRIMARY)' for application number 1600670D. It includes a table with one record: SN 1, Action 'for manual', and Due Date '22/06/2016'. A message dialog box is overlaid on the screen, containing a warning icon and the text: 'Please click on the application number to make the necessary changes in the application form'. The dialog has an 'OK' button. At the bottom of the application window, there are 'Submit' and 'Cancel' buttons.

- (3) Click on the **'Application No.'** to open the application.

S/No	Application No	Transaction No	Product Name	Application/Submission Status	Date Required	Last Updated Date	HSA Input Request
1	1600670D	T1601220K	NA	Input Request	22/06/2016	14/06/2016	Click here for Primary IR (15/06/2016)

Please do not access the record using the new window via right mouse click.

1 Matching Record(s)

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- (4) The webpage will display the application form as per previously submitted.
- (5) Proceed to make the necessary changes for the section(s) that require clarification and submit the revised application form.

Responding to Secondary Input Request

- (1) In [track@prism](#) enter the **Application Number** to retrieve the application that requires clarification.

PZ0951 TRACK@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 eservices.

General Search

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

Application/Submission Type

Licence/Permit/Certificate/Listing/Notification/Registration Type

Enquiry Type

Transaction No.

Application/Submission No.

Licence/Permit/Certificate/Listing/Notification/Registration No.

Product Name.

Submission Date (dd/mm/yyyy) To

Last Update Date (dd/mm/yyyy) To

- (2) Click on the **'HSA Input Request'** to view the comments left by the HSA officer and the necessary action to be taken with regards to the application.

S/No	Application No	Transaction No	Licence/Registration No	Product Name	Application/Submission Status	Date Required	Last Updated Date	HSA Input Request
1	1600783J	T1601374K		NA	Input Request	11/07/2016	04/07/2016	Click here for Secondary IR (04/07/2016)

Please do not access the record using the new window via right mouse click.

1 Matching Record(s)

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Note:

Application resubmission is required for Primary IR but not for Secondary IR.

For Secondary IR, please response with your comments accordingly or else it will not be considered as submitted.

- (3) Fill in any response in the text box for response to Secondary Input Request and click the **'Submit'** button.

Input Request List - Internet Explorer

https://www-uat.hsa.gov.sg/prism/common/InputReqActList/list.do?action=list&irType=S&app_no=1600771U&eService=130&NOTI

INPUT REQUEST LIST (SECONDARY)

Application No : 1600771U

Please reply with comments for each item in the action list and submit this secondary input request.
Please note that resubmission of the application is not required.

1 Records

Action List			
SN	Action	Due Date	Applicant's Response (if any)
1.	For Secondary Screenshot	15/07/2016	

Submit Cancel

Other Useful Information

1. You may check on the status of your application upon submission at track@prism.
2. Kindly contact the HSA Helpdesk if you encounter any technical issues (IT problems) during the application submission.

HSA HelpDesk
 Tel : 6776 0168 (from 7:00 am to midnight daily)
 Fax : 6872 3054
 Email : helpdesk@hsahelp.gov.sg
3. For general enquiries or questions related to licences and certificates of manufacturers, importers and wholesalers, please contact the Audit and Licensing Division at Tel: 6866 1111 or write to <https://crm.hsa.gov.sg/event/feedback.aspx>