

AMENDMENT APPLICATION FOR LICENCE TO KEEP AND SELL CONTROLLED DRUGS BY WHOLESALE

Companies and its applicants must register with Client, Registration, and Identification Service (CRIS) with valid CRIS user rights in order to be able to submit applications on behalf of the company via apply@prism.

The applicant will also 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.

***Note:** From 11 April 2021, the login process for Corppass has been changed to verify the user's identity via Singpass first before accessing and transacting with government digital services. While Singpass is used for logins, Corppass will continue to be the authorisation system for access to government digital services.*

For more information on CRIS, please refer to

<https://www.hsa.gov.sg/e-services/cris>

For more information on Corppass, please refer to

<http://www.corppass.gov.sg/>

For more information on HSA PIN, please refer to

<https://www.hsa.gov.sg/e-services/hsa-pin>

1. The online form may take an average of 20 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).

2. 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 0. Licence Summary

The applicable **Licence No.**, the **start** and **expiry dates** of the existing licence will be pre-populated.

This section requires the applicant to verify and fill in the following information.

(1) **Amendment Details**

Please provide the reason for the amendment in this entry.

(2) **Site Inspection**

The applicant is required to indicate if the amendment requires site inspection.

Please find below some examples of amendments that require site inspection and examples of amendments that do not require site inspection.

(3) Click on '**Next**' button to go to the **Part 1. Licence Information** section.

PR1001 AMENDMENT OF LICENCE TO KEEP & SELL CONTROLLED DRUGS BY WHOLESALE

| Fill in the application form | | | Guideline | Help |
|------------------------------|---|---------------------------|----------------|--------|
| 0. Licence Summary | 3. Applicant Particulars | 6. Licence Duration | Special Symbol | Attach |
| 1. Licence Information | 4. Warehouse Particulars | 7. Supporting Attachments | | |
| 2. Company Particulars | 5. Controlled Drugs For Wholesale Dealing | 8. Confirmation | | |

| 1. Licence/Permit/Certificate/Listing Summary | |
|--|---|
| 1.1 Licence/Permit/Certificate/Listing No.: | WLCD1600008 |
| 1.2 Start Date: | 25/02/2016 |
| 1.3 Expiry Date: | 24/02/2017 |
| 1.4 Amendment Details: | <input type="text"/> |
| 1.5 Site Inspection (Please refer to the guidelines, available at the top right hand corner, before selection) | <input type="radio"/> This amendment requires site inspection <input type="radio"/> This amendment does not require site inspection |

Examples of amendments that require site inspection:

- Inclusion of new warehouse or change in location/address of current warehouse for the storage of controlled drugs
- Inclusion of new storage conditions (e.g. Cold chain) to the warehouse
- Renovation of warehouse which involves a change in layout and infrastructure namely with respect to security and storage facilities

Examples of amendments that do not require site inspection:

- Deletion of existing warehouse
- Addition or deletion of controlled drugs

While the aforementioned generally do not require site inspection, the authority reserves the right to make the final decision and site inspection may be required.

If you are in doubt or encounter a situation which is not found in the above lists of examples, please contact us before submission.

Part 1. Licence Information

This section requires the applicant to verify and fill in any other relevant licence information. If there is relevant licence or application number, enter the number and click '**Retrieve Licence / Application No**'. The information regarding the licence or application will be displayed.

Fields marked with an asterisk * are mandatory.

| 1. Licence Information | |
|---|--|
| 1.1 Poisons Licence/Application No. : | <input type="text"/> <input type="button" value="Retrieve Licence"/> |
| 1.2 Valid Till : | <input type="text"/> |
| 1.3 Therapeutic Product Wholesaler's Licence/Application No. : | <input type="text"/> <input type="button" value="Retrieve Licence"/> |
| 1.4 Valid Till : | <input type="text"/> |
| 1.5 Therapeutic Product Importer's Licence/Application No. : | <input type="text"/> <input type="button" value="Retrieve Licence"/> |
| 1.6 Valid Till : | <input type="text"/> |
| 1.7 Pharmacist Registration Number (PRN) :* | <input type="text"/> |
| 1.8 Other Relevant Approvals (Eg Medical Device Dealer's Licences, Special Access Routes) :: | <input type="text"/> |

Click on '**Next**' button to proceed to **Part 2. Company Particulars** section.

Part 2. 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 make 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 3. Applicant Particulars** section.

| 1. Company Particulars | | | |
|--|---|---|-----|
| 1.1 Name : * | ABC Co Ltd.,! | | |
| 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 3. 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.

- (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 4. Warehouse Particulars** section.

Fields marked with an asterisk * are mandatory.

| 3. Applicant Particulars | | | |
|---|--|--------------|----------------------|
| 3.1 Name: * | <input type="text"/> (as in NRIC/FIN) | | |
| 3.2 NRIC/FIN: * | <input type="text"/> (Example: S1234567A, F1234567A) | | |
| 3.3 Designation: * | <input type="text"/> | | |
| 3.4 Contact Details | | | |
| 3.4.1 Tel: * | <input type="text"/> | 3.4.2 Fax: | <input type="text"/> |
| 3.4.3 Handphone: | <input type="text"/> | 3.4.4 Pager: | <input type="text"/> |
| 3.4.5 Email: | <input type="text"/> | | |
| 3.5 Preferences | | | |
| 3.5.1 Preferred Contact Mode: | <input checked="" 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> | | | |

Previous Next Reset

Part 4. Warehouse Particulars

This section requires the applicant to fill in the following information if there is an amendment to the warehouse particulars. Otherwise, please do not amend any details at this section.

Add new warehouse(s)

- (1) Fill in **Postal Code** and click '**Retrieve Address**'.

The **Block/House No, Street Name** and **Building Name** will be populated on the screen.

- (2) Fill in **Level-Unit** information if applicable.
- (3) Fill in the **Storage Condition of Warehouse**.
- (4) Click on the **Add Warehouse** button.

The screen will be automatically refreshed and the refreshed screen will display the warehouse particulars that were added.

- (5) Repeat steps (1) to (4) to add other warehouse(s) information.

Addresses of all warehouses where the products will be stored should be provided.

- (6) Click on the '**Next**' button to proceed to **Controlled Drugs for Wholesale Dealing** section.

Update Warehouse(s)

- (1) Click on the warehouse requiring amendment from the **Warehouse List** table.
- (2) Make the required changes.
- (3) Click '**Update Warehouse**'.

Remove Warehouse(s)

- (1) Click on the checkbox adjacent to the warehouse(s) from the **Warehouse List** table.
- (2) Click '**Remove**' to delete the warehouse(s).

4.1 Warehouse Address

4.1.1 Address Type : * Local

4.1.2 Postal Code : *

4.1.3 Block / House No : 4.1.4 Level - Unit : # -

4.1.5 Street Name :

4.1.6 Building Name :

4.1.7 Other Address Details :
(To input specific identification number for the warehouse which is not reflected above, e.g. for address of 1, ABC Road, #01-01, XYZ Building, Annex A, SINGAPORE 123456, 'Annex A' can be entered in the 'Other Address Details')

4.1.8 Country : SINGAPORE

4.2 Storage Condition of Warehouse

4.2.1 Temperature : * 15°C to 30°C (Room Temperature)
 8°C to 15°C (Cool)
 2°C to 8°C (Refrigerate, Do not freeze)
 -10°C to -20°C (Freeze)
 Others

4.2.2 Relative Humidity: Min % - Max %

4.2.3 Approved By:

To add additional warehouse

| SN | <input type="checkbox"/> Select All | Warehouse List |
|----|-------------------------------------|----------------------|
| 1 | <input type="checkbox"/> | <input type="text"/> |
| 2 | <input type="checkbox"/> | <input type="text"/> |

To amend/remove existing warehouse(s)

Part 5. Controlled Drugs for Wholesale Dealing

The section requires the applicant to furnish this information if there is an amendment to the controlled drugs the company is dealing with.

You can select the new controlled drug(s) your company is dealing with from the list provided, or remove controlled drugs from the list you have previously selected. You can also update the classes of products your company is dealing with.

Click **'Next'** to proceed to **Part 6. Licence Duration** section.

Fields marked with an asterisk * are mandatory.

5. Controlled Drugs For Wholesale Dealing

5.1 Classification of Products: * Finished Therapeutic Products For Human Use
 Vet Products
 Laboratory Test Chemicals
 Drugs Of Abuse Test Kits
 Active Pharmaceutical Ingredients(API)

5.2 Name of substances to be sold: *
 Select Drugs ▼

>> <<

Allentani

Previous
Next
Reset

Part 6. Licence Duration

The licence duration of one year by default is displayed for your verification.

Click '**Next**' to proceed to **Part 7. Supporting Attachments** section.

Fields marked with an asterisk * are mandatory.

6. Licence/Permit/Certificate/Listing Duration

6.1 Duration of licence/permit/certificate/listing: *

Previous
Next
Reset

Part 7. Supporting Attachments

This section allows the attachment of supporting documents for the application. For amendment applications for licences to keep and sell controlled drugs by wholesale, please attach the following, as applicable:

- List of controlled drugs (CDs) to sell by wholesale
- Standard Operating Procedures for handling of CDs
- Store layout plan with warehouse address (including floor and unit number) and clear indication of CD storage area(s)
- Any other supporting documents

To Add Supporting Attachments:

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

To 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 **'Remove'**.

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 products to sell by wholesale : | Browse... |
| 7.2 Standard operation procedure for handling of Controlled Drugs : | Browse... |
| 7.3 Store Layout Plan : | Browse... |
| 7.4 Store Approval Letter : | Browse... |
| 7.5 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

This section shows the information provided in all sections of the Application Form for a Licence to Keep and Sell Controlled Drugs by Wholesale.

- (1) The applicant is required to confirm that the information provided in all sections are correct and click **'Validate'**.
*(Note: Applicant may click **'Save'** 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 **'Submit'** to submit the application.

All applicants under the Misuse of Drugs Act (MDA) must comply with the MDA 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 | | | |

The total payment for your application is SGD []

The amount of SGD [] will be deducted from your Giro Account.

Previous
Validate
Submit
Reset

Payment Advice

This section shows the application fee for the licence applied. There are 2 modes of payment available:

- GIRO
- eNETS

Payment Advice

| Sn | Description | Amount (SGD) | GST |
|----|-------------|--------------|-----|
| 1 | | | N |

The total payment for your application is []

The amount of [] will be deducted from your Giro Account.

Payment Advice

| Sn | Description | Amount (SGD) | GST |
|----|--------------|--------------|-----|
| 1 | New App: [] | | N |

The total payment for your application is []

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 cannot be displayed, and your transaction request cannot be processed. Click [here](#) for pop-up blocker FAQ.

1. www.enets.sg

TRANSACTION INFORMATION

Merchant Name: Health Science Authority
 Merchant Reference Code: ECT1700002K
 NETS Reference Code: 20170109152942902
 Amount: SGD 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.

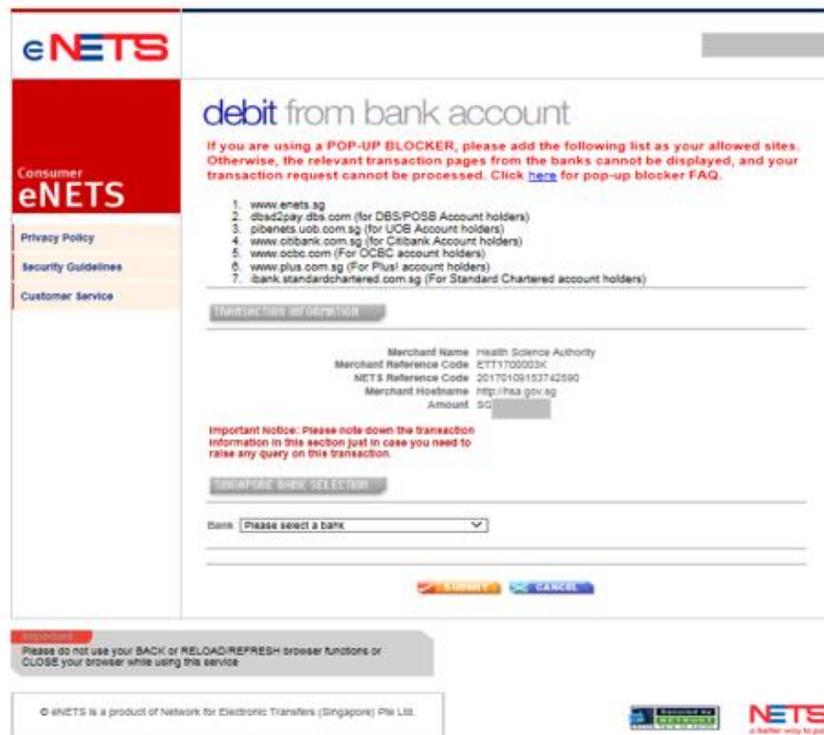
CREDIT/DEBIT CARD INFORMATION

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 / CV2: [What is CVV/CVV2?]
 Expiry Date: / (eg. 2017)

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**.

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.



eNETS
Consumer eNETS

Privacy Policy
Security Guidelines
Customer Service

debit from bank account

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 cannot be displayed, and your transaction request cannot be processed. Click [here](#) for pop-up blocker FAQ.

1. www.enets.sg
2. dbad2pay.dbs.com (for DBS/POSB Account holders)
3. pbenets.uob.com.sg (for UOB Account holders)
4. www.cibank.com.sg (for Citibank Account holders)
5. www.ocbc.com (For OCBC account holders)
6. www.plus.com.sg (For Plus! account holders)
7. ibank.standardchartered.com.sg (For Standard Chartered account holders)

TRANSACTION INFORMATION

Merchant Name: Health Science Authority
 Merchant Reference Code: ECT1700002K
 NETS Reference Code: 20170109153742590
 Merchant Hostname: http://hsa.gov.sg
 Amount: SGD

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

SINGAPORE BANK SELECTION

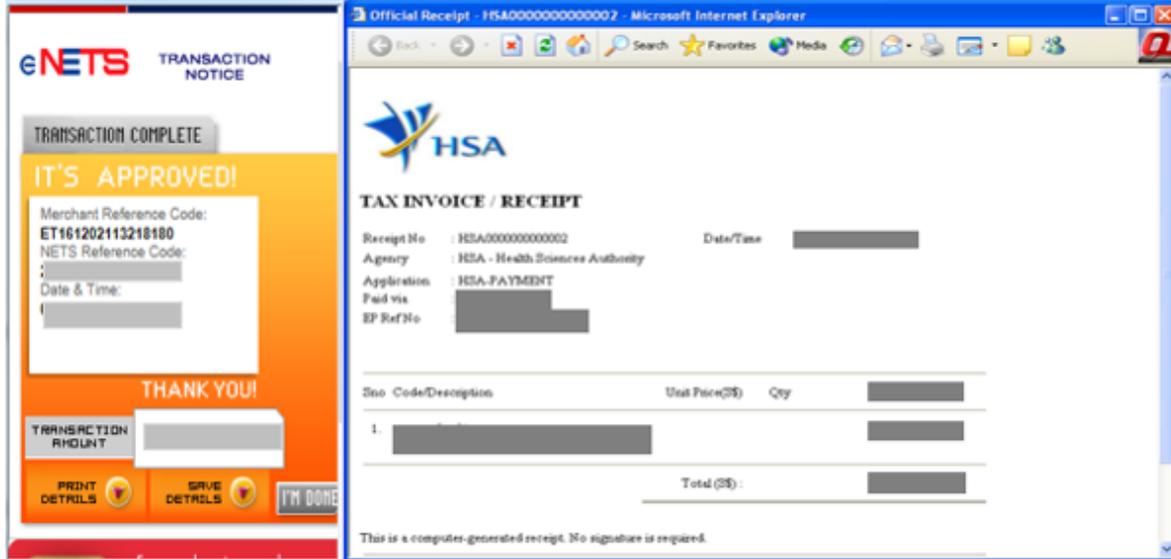
Bank:

Please do not use your BACK or RELOAD/REFRESH browser functions or CLOSE your browser while using this service.

© enETS is a product of Network for Electronic Transfers (Singapore) Pte Ltd.

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.

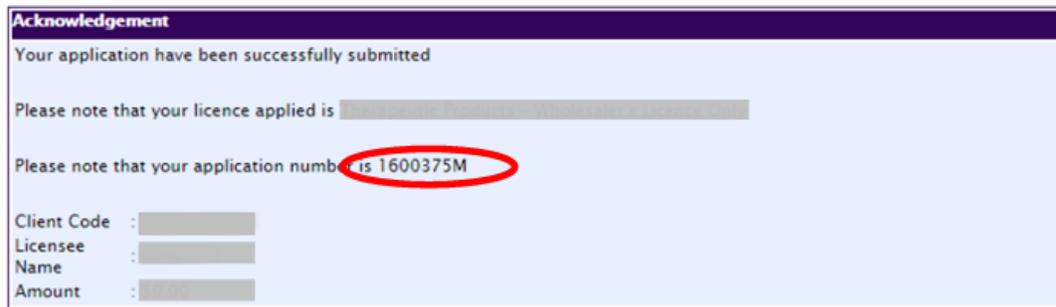


To submit the completed application, click the **'Submit'** button. Applicant will be prompted to confirm the submission. The application will then be submitted to HSA for the relevant personnel's processing.

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.



The screenshot shows a web interface titled "Acknowledgement" with a purple header. The main content area is light blue and contains the following text: "Your application have been successfully submitted", "Please note that your licence applied is [redacted]", "Please note that your application number is 1600375M", and a list of fields: "Client Code : [redacted]", "Licensee Name : [redacted]", and "Amount : [redacted]".

[Show Printer-Friendly version](#)

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

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)
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>