

## **CANCELLATION APPLICATION FOR LICENCE TO KEEP AND SELL CONTROLLED DRUGS BY WHOLESALE**

**You are required to submit cancellation application for Licence to Keep and Sell Controlled Drugs by Wholesale if your company intends to cease the wholesale of controlled drugs, or if the licence holder is no longer with the company.**

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](mailto: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 5 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 - **Not applicable**. No payment fee is required for submitting withdrawal applications.

## Application Form

This section allows the search for the licence to be cancelled.

- (1) Select the **Licence Type** (Controlled Drugs - Wholesale Licence).
- (2) Enter the **Licence Number** to be cancelled.

**PZ3001 CANCEL@PRISM**

**Important Notes:**

For HSA CRIS registered companies, user has to be authorised with the appropriate access rights via CRIS management module to access the required eservices.

**Search Criteria**

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

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

Product Name

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

70 Matching Record(s) Page 1 Of 7 [First] | [Previous] | [Next] | [Last]

Active Controlled Drugs - Wholesale Licence				
S/No	Licence/Registration No	Start Date	Expiry Date	Action
1		01/10/2003	18/01/2017	<a href="#">Cancel</a>

### Part 1. Registration Summary

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

This section requires the applicant to verify the information.

- (1) Click '**Next**' button to proceed to **Part 2. Applicant Particulars** section.

1. Licence/Permit/Certificate/Listing Summary	
1.1 Licence/Permit/Certificate/Listing No.:	<input type="text"/>
1.2 Start Date:	<input type="text"/>
1.3 Expiry Date:	<input type="text"/>

### Part 2. Applicant Particulars

This section requires the applicant to 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.
- (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.)*

- (3) Click '**Next**' button to proceed to **Part 3. Cancellation Details** 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>		

### Part 3. Cancellation Details

This section requires the applicant to fill in the reason for cancellation.

- (1) Click '**Next**' button to proceed to
- (2) **Part 4. Confirmation** section.

Fields marked with an asterisk \* are mandatory.

3. Cancellation Details	
3.1 Reason for cancellation: *	<input type="text"/>

### Part 4. Confirmation

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

- (1) Applicant is required to confirm 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, applicant is advised to read through the declaration carefully before accepting to undertake the conditions.
- (3) Click the '**Submit**' button to submit the Cancellation Application.

Declaration	
1.	I, on behalf of my company, confirm that the information submitted in this application is true and accurate.
Accept <input type="radio"/> Decline <input type="radio"/>	

## **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.

Applicant may wish to print a copy of this acknowledgement page or take note of the **Submission Number** for ease of reference. Applicant may provide the submission number if he/she wishes to communicate with HSA.

Acknowledgement
Your cancellation submission have been successfully submitted
Please note that your submission number is 1600793Q
Client code : <input type="text"/>

[Show Printer-Friendly version](#)

[Click here to go back to cancel@prism](#)

*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](mailto: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>