

NEW 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.

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 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).

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 1. Licence Information

This section requires the applicant to enter the **Pharmacist Registration Number (PRN)**. 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.

Fill in the application form		Guideline	Help
1. Licence Information	4. Warehouse Particulars	7. Supporting Attachments	Special Symbol Attach Save
2. Company Particulars	5. Controlled Drugs For Wholesale Dealing	8. Confirmation	
3. Applicant Particulars	6. Licence Duration		
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 /ApplicationNo"/>	
1.2 Valid Till :			
1.3 Therapeutic Products Wholesaler's Licence/Application No. :	<input type="text"/>	<input type="button" value="Retrieve Licence /ApplicationNo"/>	
1.4 Valid Till :			
1.5 Therapeutic Products Importer's Licence /Application No. :	<input type="text"/>	<input type="button" value="Retrieve Licence /ApplicationNo"/>	
1.6 Valid Till :			
1.7 Pharmacist Registration Number (PRN) :*	<input type="text"/>		
		<input type="button" value="Next"/>	<input type="button" value="Reset"/>

Click '**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.

Fields marked with an asterisk * are mandatory.

Please note that the billing address entered/amended will be updated to the central client database and will be used as the billing address for any subsequent billing to the company. This will apply to all other licences/applications of the company.

2. Company Particulars			
2.1 Name : *	Auto Populated		
2.2 Location Code :	1		
2.3 Company Address			
2.3.1 Address Type : *	Local		
2.3.2 Postal Code : *	Auto Populated		
2.3.3 Block / House No :	Auto Populated	2.3.4 Level - Unit :	Auto Populated
2.3.5 Street Name :	Auto Populated		
2.3.6 Building Name :			
2.3.7 Country :	SINGAPORE		
2.4 Tel : *		2.5 Fax :	
		Your Fax No. is necessary for our future correspondence	
2.6 Is Billing Address the same as the Company Address ? *	<input type="radio"/> Yes		<input checked="" type="radio"/> No
2.7 Billing Address			
2.7.1 Address Type : *	Local		
2.7.2 Postal Code : *		Retrieve Address	
2.7.3 Block / House No :		2.7.4 Level - Unit :	# [] - []
2.7.5 Street Name :			
2.7.6 Building Name :			
2.7.7 Country :	SINGAPORE		
2.8 Unique Entity No.(UEN) :	Auto Populated		

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>		

Part 4. Warehouse Particulars

This section requires the applicant to enter the particulars of the warehouse facility. To enter address,

- (1) Fill in **Postal Code** and click **'Retrieve Address'**. The **Block/House No, Street Name** and **Building Name** will be populated.
- (2) Fill in **'Level-Unit'** and any additional detail relating to the company in **Other Address Details**.
(If applicable)

Section 4.2 requires the applicant to furnish the **Storage Conditions** such as temperature and relative humidity of the warehouse. More than one option for the warehouse temperature can be selected. The details of the agency/institution that approves the use of the warehouse for the storage of health products should also be provided.

After completing sections 4.1 and 4.2, click **'Add Warehouse'** to save the warehouse details. If there is more than one warehouse to be entered, repeat the above steps to add further warehouses after adding the first warehouse.

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

4. Warehouse Particulars

4.1 Warehouse Address

4.1.1 Address Type : * Local

4.1.2 Postal Code : * Retrieve Address

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: Select One ▾

Add Warehouse

Previous Next Reset

Click 'Next' button to proceed to **Part 5. Controlled Drugs for Wholesale Dealing** section.

Part 5. Controlled Drugs for Wholesale Dealing

For Section 5.1, select the class(es) of products containing controlled drugs to be sold by wholesale. For section 5.2, select the names of the controlled substances your company deals with. After each selection from the list, click the double arrows to the right to add the substance to the bottom box. Multiple substances can be added.

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 ▾

>> <<

Alfentanil

Previous Next Reset

To remove a substance, select the substance in the box and click the double arrows to the left.

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

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: *	1 Year ▼

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Part 7. Supporting Attachments

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

- Site layout
- List of controlled drug products
- Standard Operating Procedures (SOPs) on handling of controlled drugs
- Copy of requisition form
- Controlled Drug register

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 Standard operation procedure for handling of Controlled Drugs :	Browse...
7.2 Store Layout Plan :	Browse...
7.3 Store Approval Letter :	Browse...
7.4 Other Supporting Documents :	Browse...
Attach Files	

Supporting Attachments previously submitted with corresponding New or Amendment application			
Sn	Attachment Name	Attachment Type	Remarks
1		Other Supporting Documents	13

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

- tif (Black & White)
- pdf (Adobe Acrobat files)
- xls (Microsoft Excel files)
- avi (audio visual, if required)
- jpg (graphics files)
- doc (Microsoft Word files)
- ppt (Microsoft PowerPoint files)
- 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 <input type="radio"/> Decline <input type="radio"/>	

Payment Advice		
Sn	Description	Amount (SGD) GST
1	New App: Wholesale CD	500.00 N
The total payment for your application is SGD 500.00 .		
The amount of SGD 500.00 will be deducted from your Giro Account.		

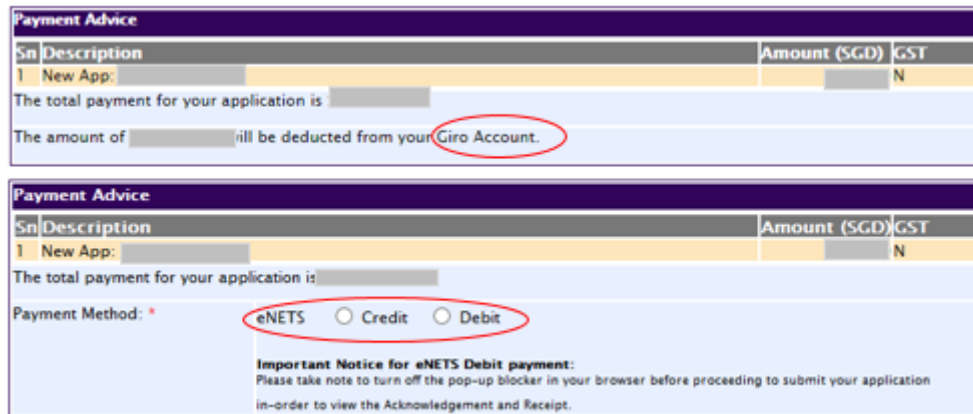
Previous	Validate	Submit	Reset
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Payment Advice

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 [redacted]

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

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

The total payment for your application is [redacted]

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: ECT17000224
 NETS Reference Code: 20170109152942993
 Amount: S\$0 500.00

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

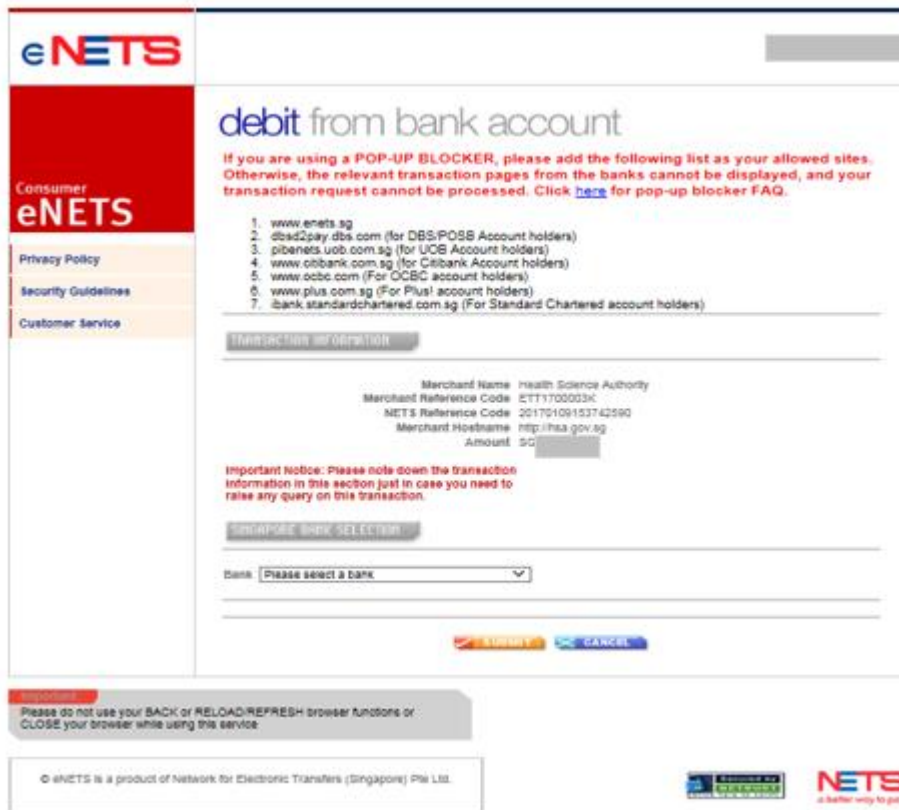
Name on Card: [input]
 Card Number: [input]
 Please note that the Credit Card number should be 13 or 16 digits. Please input your card number without space or dash.
 CVV / CVV2: [input] (What is CVV/CVV2/CID?)
 Expiry Date: [Month] [Year] (Fig. 2017)

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**.

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.



eNETS

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. pibanets.uob.com.sg (for UOB Account holders)
4. www.cibbank.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: ETT1700023K
 NETS Reference Code: 20170109153742590
 Merchant Hostname: http://hsa.gov.sg
 Amount: [redacted]

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

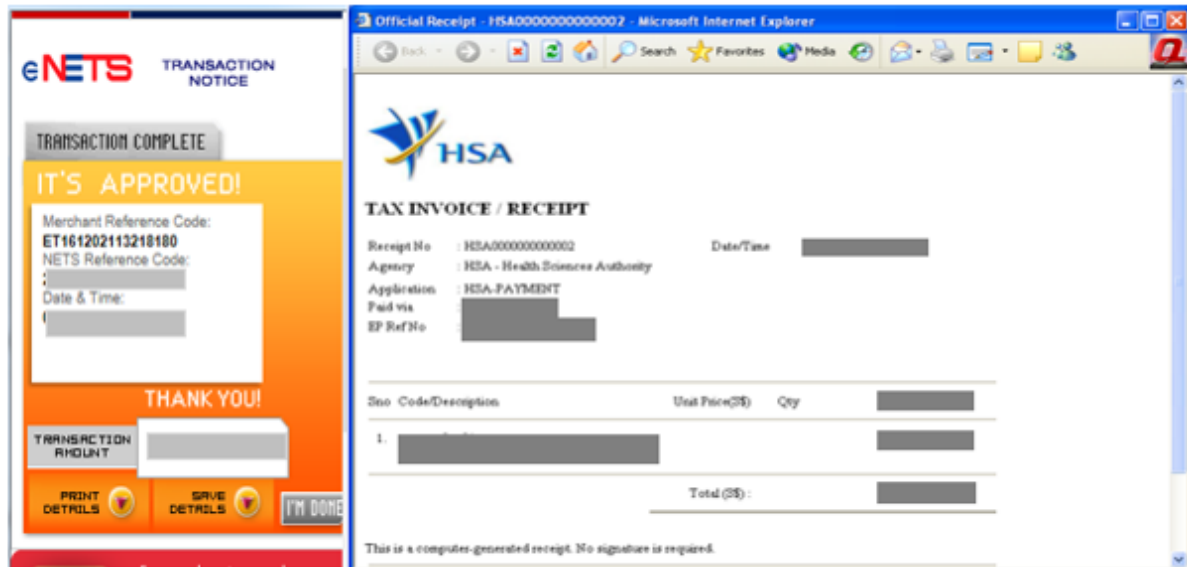
Bank:

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.

NETS
a better way to pay

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



eNETS TRANSACTION NOTICE

TRANSACTION COMPLETE

IT'S APPROVED!

Merchant Reference Code:
ET161202113218180
 NETS Reference Code:
 [redacted]
 Date & Time:
 [redacted]

THANK YOU!

TRANSACTION AMOUNT: [redacted]

Official Receipt - HSA0000000000002 - Microsoft Internet Explorer

HSA

TAX INVOICE / RECEIPT

Receipt No : HSA0000000000002 Date/Time : [redacted]
 Agency : HSA - Health Science Authority
 Aggregation : HSA-PAYMENT
 Paid via : [redacted]
 EP Ref No : [redacted]

Sno	Code/Description	Unit Price(\$)	Qty
1.	[redacted]	[redacted]	[redacted]

Total (\$): [redacted]

This is a computer-generated receipt. No signature is required.

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.

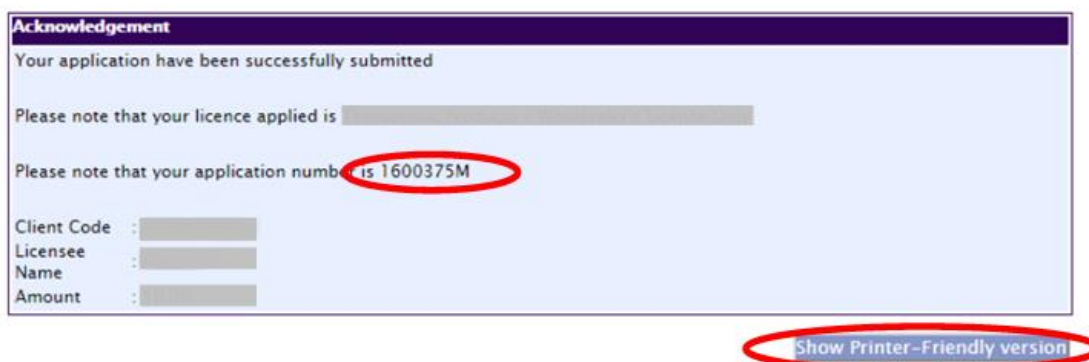


To submit the completed application, click the **‘Submit’** button. Applicant will be prompt to confirm the submission. The application will then be submitted to HSA for the relevant personnel’s processing.

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.

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>