

## **CANCELLATION APPLICATION FOR PHARMACY LICENCE**

Pharmacy licence holder is required to submit cancellation application for Pharmacy Licence if they intend to cease the retail pharmacy business.

Applicants must have valid Client Registration and Identification Service (CRIS) user rights in order to be able to submit applications on behalf of the company via [cancel@prism](mailto:cancel@prism). For more information on CRIS, please refer to <https://www.hsa.gov.sg/e-services/cris>

1. This 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 system, 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. The following document(s) are required to provide to support the cancellation application for Pharmacy Licence.
  - a) Evidence on the removal of Pharmacy signage for retail pharmacy. This is not applicable for pharmacy operating in the Healthcare Institution.
  - b) Disposition of the therapeutic products (i.e. P and/or POM).
3. 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 login is necessary for authentication and authorisation purposes.

*\* With effect from 1 September 2018, the applicant will require a CorpPass before he/she can login to PRISM.*

For more information on CorpPass, please refer to:

[https://www.corppass.gov.sg/cpauth/login/homepage?TAM\\_OP=login](https://www.corppass.gov.sg/cpauth/login/homepage?TAM_OP=login)

## Cancellation Application Form for Pharmacy Licence

This section allows the search for the Pharmacy Licence to be cancelled.

- (1) Select the **Licence Type** (Pharmacy 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.

14 Matching Record(s) Page 1 Of 2 [First] | [Previous] | [Next] | [Last]

S/No	Licence/Registration No	Start Date	Expiry Date	Action
1	MCPH0600055	24/01/2006	24/06/2016	<a href="#">Cancel</a>
2	MCPH0800086	05/11/2008	10/09/2014	<a href="#">Cancel</a>
3	MCPH1300102	19/09/2013	18/09/2014	<a href="#">Cancel</a>
4	MCPH1400003	12/07/2014	11/07/2015	<a href="#">Cancel</a>
5	MCPH1400004	12/07/2014	11/07/2015	<a href="#">Cancel</a>
6	MCPH1500001	09/12/2015	08/12/2016	<a href="#">Cancel</a>
7	MCPH1600009	18/05/2016	17/05/2017	<a href="#">Cancel</a>
8	MCPH1600010	27/05/2016	26/05/2017	<a href="#">Cancel</a>
9	MCPHA0600013	22/08/2006	26/09/2014	<a href="#">Cancel</a>
10	MCPHA0600015	13/09/2006	26/09/2014	<a href="#">Cancel</a>

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

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### Part 1. Licence/Permit/Certificate/Listing Summary

The applicable Licence No., the pharmacy outlet address, 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.

**Fill in the application form** [Guideline](#) [Help](#)

1. Licence Summary 3. Cancellation Details

2. Applicant Particulars 4. Confirmation

 Special Symbol

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**1. Licence/Permit/Certificate/Listing Summary**

1.1 Licence/Permit/Certificate/Listing No. :	MCPH1400003
1.2 Start Date :	12/07/2014
1.3 Expiry Date :	11/07/2015
1.4 Pharmacy Outlet Address :	143, JALAN BUKIT MERAH, SINGAPORE 160143

### Part 2. Applicant Particulars

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

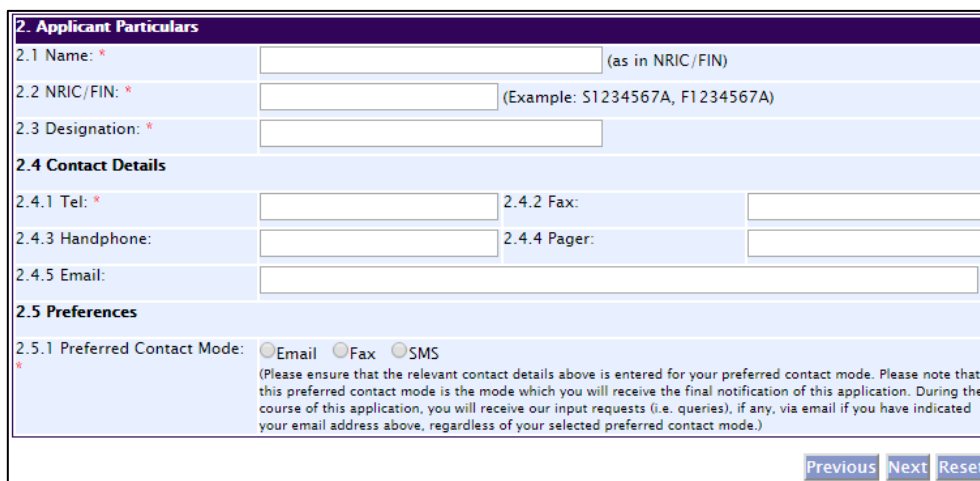
- (1) Applicant details such as name, NRIC / FIN, designation, Telephone/Fax/Handphone number and e-mail address will be pre-populated based on the registered CRIS records.

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.)*

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



**2. Applicant Particulars**

2.1 Name: \*  (as in NRIC/FIN)

2.2 NRIC/FIN: \*  (Example: S1234567A, F1234567A)

2.3 Designation: \*

**2.4 Contact Details**

2.4.1 Tel: \*  2.4.2 Fax:

2.4.3 Handphone:  2.4.4 Pager:

2.4.5 Email:

**2.5 Preferences**

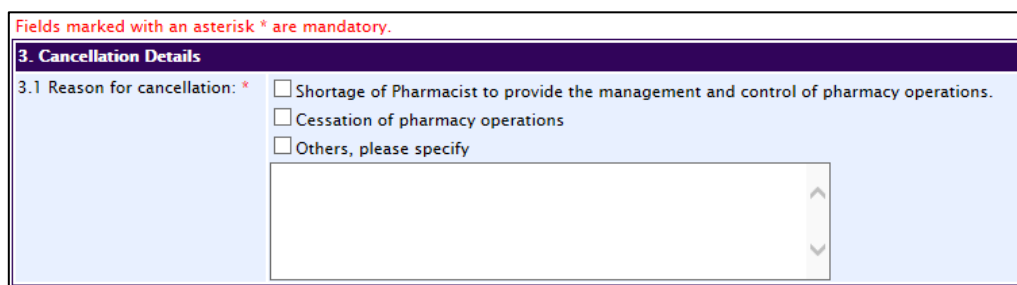
2.5.1 Preferred Contact Mode:  Email  Fax  SMS

(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.)

### **Part 3. Cancellation Details**

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

- (1) Select from the list of pre-defined reason for cancellation or specify the reason under '**Others**'.
- (2) Click '**Next**' button to proceed to **Part 4. Confirmation and Declaration** section.



Fields marked with an asterisk \* are mandatory.

**3. Cancellation Details**

3.1 Reason for cancellation: \*  Shortage of Pharmacist to provide the management and control of pharmacy operations.  
 Cessation of pharmacy operations  
 Others, please specify

### **Part 4. Confirmation and Declaration**

This section shows the information provided in all sections of the Cancellation Application to Pharmacy Licence.

- (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"/>	
<input type="button" value="Previous"/> <input type="button" value="Validate"/> <input type="button" value="Submit"/> <input type="button" value="Reset"/>	

## **Acknowledgment**

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 **Application Number** for ease of reference. Applicant may provide the application number if he/she wishes to communicate with HSA.

PZ3215 CANCELLATION APPLICATION OF PHARMACY LICENCE	
Acknowledgement	
Your cancellation submission have been successfully submitted	
Please note that your submission number is 1600793Q	
Client code : C11000692W	
<input type="button" value="Show Printer-Friendly version"/>	
<a href="#">Click here to go back to cancel@prism</a>	

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

## **Other useful information**

1. Applicant may check on the status of your application upon submission at [track@prism](#).
2. Kindly contact the HSA Helpdesk if any technical issues (IT problems) during the application submission are encountered.

HSA HelpDesk  
Hotline : (65) 6776 0168  
          from 7:00 am to midnight daily  
Fax : 6872 3054  
Email : [helpdesk@hsahelp.gov.sg](mailto:helpdesk@hsahelp.gov.sg)

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 submit an enquiry using the link: <https://crm.hsa.gov.sg/event/feedback>