

## **NEW APPLICATION FOR PHARMACY LICENCE**

Please note that companies must first register with Client 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](mailto:apply@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 10 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 support the new application for Pharmacy Licence.
- Pharmacy Store Layout Plan**, specifying the dispensing counter, general sales area(s), area for storing Pharmacy Only medicines (P) and Prescription-Only medicines (POM) and other ancillary area(s). The layout should clearly indicate the full address of the pharmacy outlet. This is a mandatory document for new application.
  - Pharmacist Practising Certificate** with a valid and active practising certificate for the appointed Pharmacist-in-charge (PIC). This is a mandatory document for new application.
  - Signed **Telepharmacy Declaration Form** from the PIC for the provision of Telepharmacy. *(If applicable)*. This is a mandatory document for pharmacy providing telepharmacy service for P medicines.
  - Company's Standard Operating Procedures** for Additional Activities/Services. *(If applicable)*. Additional activities or services can include compounding of non-sterile preparations in accordance with a patients' valid prescription, telepharmacy service, medication delivery service and provision of e-pharmacy service etc.
- (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.

*\*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 Corppass, please refer to <http://www.corppass.gov.sg/>

- (4) Mode of payment

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

The mode of payment available is as follows:

- Non-GIRO: eNETS (Credit/Debit Card)
- GIRO (Preferred mode of payment)

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.

## New Application Form for Pharmacy Licence

This section allows the selection of the type of Registration Scheme for New application for Pharmacy Licence.

- (1) Select the Registration Scheme.

A new pharmacy may select the '**Standard Registration Scheme**' unless the new pharmacy is an additional outlet of a chain pharmacy, which has several pharmacy outlets approved by Health Sciences Authority (HSA).

For chain pharmacy, the new pharmacy may be eligible for '**Simplified Registration Scheme**'.



**PR1001 APPLICATION FOR A PHARMACY LICENCE**

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

<b>Registration Scheme</b>	3. Pharmacy Outlet Particulars	6. Supporting Attachments	
1. Company Particulars	4. Warehouse Particulars	7. Confirmation	
2. Applicant Particulars	5. Pharmacist-In-Charge Particulars		

Fields marked with an asterisk \* are mandatory. [Next](#) [Reset](#)

If the new pharmacy is an additional outlet of a chain pharmacy (with at least one outlet already registered with HSA), the new pharmacy is eligible for the Simplified Registration Scheme. Under this scheme, a Pharmacy Licence can be issued without a pre-approval audit if this new pharmacy is essentially the same as the other registered outlet (s) with respect to legal and general pharmacy dispensing requirements. Please refer to the Guideline available at the top right hand corner.

Please select from the following two options:\*

Simplified Registration Scheme

Standard Registration Scheme

[Next](#) [Reset](#)

### 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 make changes to this information, please submit the changes via the "**Amend Company Information**" module under the [amend@prism](mailto: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 details relating to the company in the '**Other Address Details**' field. *(If applicable)*
- (5) Click '**Next**' button to proceed to **Part 2. Applicant Particulars** section.

**PR1001 APPLICATION FOR A PHARMACY LICENCE**

Fill in the application form Guideline Help

Registration Scheme	3. Pharmacy Outlet Particulars	6. Supporting Attachments
<b>1. Company Particulars</b>	4. Warehouse Particulars	7. Confirmation
2. Applicant Particulars	5. Pharmacist-In-Charge Particulars	

Special Symbol  
Attach Save

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.

**1. Company Particulars**

1.1 Name : \*

1.2 Location Code : 1

**1.3 Company Address**

1.3.1 Address Type : \* Local

1.3.2 Postal Code : \* 541223

1.3.3 Block / House No : 223A      1.3.4 Level - Unit : # 21 - 20

1.3.5 Street Name : COMPASSVALE WALK

1.3.6 Building Name :

1.3.7 Country : SINGAPORE

1.4 Tel : \* 68889999      1.5 Fax : 68889999  
Your Fax No. is necessary for our future correspondence

1.6 Is Billing Address the same as the Company Address ? \*  Yes  No

1.8 Unique Entity No.(UEN) :

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## **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 make changes to this information, please submit the changes via the **“Amend Applicant’s Details For Licences and Applications”** module under the [amend@prism](mailto: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. Pharmacy Outlet Particulars** section.

**PR1001 APPLICATION FOR A PHARMACY LICENCE**

Fill in the application form Guideline Help

Registration Scheme	3. Pharmacy Outlet Particulars	6. Supporting Attachments
1. Company Particulars	4. Warehouse Particulars	7. Confirmation
<b>2. Applicant Particulars</b>	5. Pharmacist-in-Charge Particulars	

Special Symbol  
Attach Save

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**Fields marked with an asterisk \* are mandatory.**

**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.)

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### Part 3. Pharmacy Outlet Particulars

This section requires the applicant to fill in the pharmacy outlet particulars.

- (1) Fill in the Pharmacy outlet name in the **'Name of Pharmacy'** field.
- (2) Fill in the **'Proposed Opening Date of Pharmacy'** field.  
*(Note: The proposed opening date **must** be at least **1 month** in advance of the submission date for new application submitted using Standard Registration Scheme.)*
- (3) Fill in the **'Daily operating hours of dispensary'** field.
- (4) Fill in the **'Total dispensary hours provided by the attending pharmacist per week'** field.  
*(Note: Provide only the operating duration in hours per day and per week of these entries, e.g. '42' for 42 operating hours per week.  
Please be reminded that the pharmacy must meet the minimum total dispensing hours, i.e. 35 hours provided by the attending pharmacist(s) per week.)*
- (5) Select the **'Additional Activities/Services'** from the pre-defined list given in the application form or specify the activity/service under **'Others'** field.  
*Pharmacy providing the additional activities/services must ensure that proper records are kept for the retail supply of products. Additionally, pharmacy should submit Standard Operating Procedure (SOP) describing the scope, process and quality assurance to ensure that quality and security of the products are ensured through the supply chain.*
- (6) If e-pharmacy service under the pre-defined list is selected, please specify the Uniform Resource Location (URL) in the field provided. This service must be hosted on a valid URL with a Singapore registered domain name.
- (7) Tick the **checkbox** if your pharmacy outlet has a retail shopfront. Fill in the **'Postal Code'** and click the **'Retrieve Address'** button for the Pharmacy Outlet Address. The **Block/House No, Street Name** and **Building Name** will be populated.



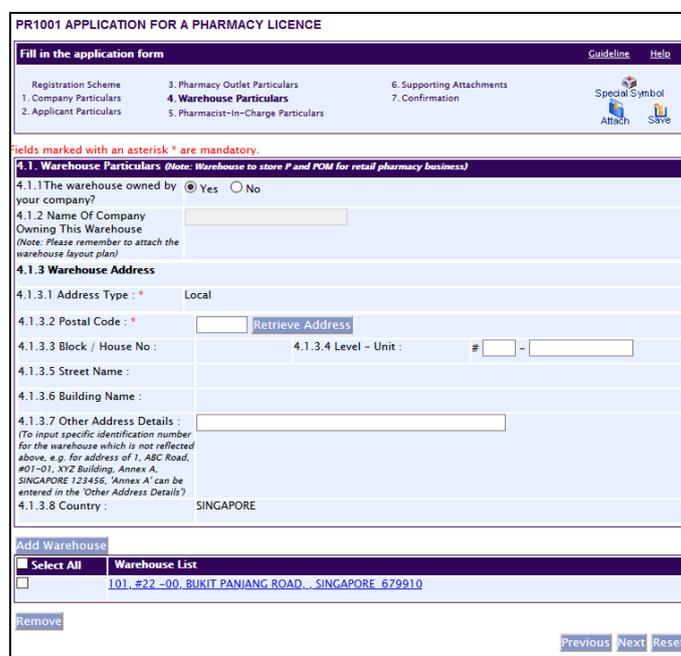
- (4) Click the **'Add Warehouse'** button and **'Save'** button to save the warehouse particulars. The webpage will be automatically refreshed, and the refreshed page will display the details of the warehouse particulars that were added.
- (5) Repeat Steps (1) to (4) to add other additional warehouse(s). Addresses of all warehouses where the therapeutic products, i.e. Pharmacy Only medicines (P) and Prescription-Only medicines (POM), would be stored should be provided.
- (6) Click **'Next'** button to proceed to **Part 5. Pharmacist-In-Charge Particulars** section.

#### Update warehouse:

- (1) Click on the warehouse to be updated from the **'Warehouse List'** table.
- (2) Make the required update.
- (3) Click the **'Update Warehouse'** button (next to the **'Cancel'** button).

#### Remove warehouse:

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



The screenshot shows the 'PR1001 APPLICATION FOR A PHARMACY LICENCE' form. The 'Warehouse Particulars' section (4.1) is highlighted. It includes fields for:
 

- 4.1.1 The warehouse owned by your company? (Yes/No)
- 4.1.2 Name Of Company Owing This Warehouse
- 4.1.3 Warehouse Address:
  - 4.1.3.1 Address Type (Local)
  - 4.1.3.2 Postal Code (with Retrieve Address button)
  - 4.1.3.3 Block / House No. and 4.1.3.4 Level - Unit
  - 4.1.3.5 Street Name
  - 4.1.3.6 Building Name
  - 4.1.3.7 Other Address Details (with explanatory text)
  - 4.1.3.8 Country (SINGAPORE)

 Below the form is a table with an 'Add Warehouse' button and a 'Warehouse List' table containing one entry: '101, #22 -00, BUKIT PANJANG ROAD, SINGAPORE 679910'. A 'Remove' button is located below the table. Navigation buttons 'Previous', 'Next', and 'Reset' are at the bottom right.

### **Part 5. Pharmacist-In-Charge Particulars**

This section requires the applicant to fill in the pharmacist-in-charge (PIC) particular.

- (1) Fill in the **'Pharmacist Registration Number (PRN)'** for the appointed **Pharmacist-In-Charge (PIC)** of the premises and click the **'Retrieve'** button. The name of pharmacist will be reflected automatically in the refreshed webpage.

*(Note: The appointed pharmacist **MUST NOT** be already a named PIC of an approved pharmacy or Responsible Person (RP) named in the Therapeutic Product Importer's and/or Wholesaler's Licences.)*

- (2) Click **'Next'** button to proceed to **Part 6. Supporting Attachments** section.

PR1001 APPLICATION FOR A PHARMACY LICENCE

Fill in the application form			Guideline	Help
Registration Scheme	3. Pharmacy Outlet Particulars	6. Supporting Attachments	Special Symbol Attach Save	
1. Company Particulars	4. Warehouse Particulars	7. Confirmation		
2. Applicant Particulars	5. Pharmacist-In-Charge Particulars			

Fields marked with an asterisk \* are mandatory.

**5. Pharmacist-in-charge Particulars**

5.1 Name of pharmacist : \*

5.2 Pharmacist registration no.  Retrieve

**5.3 Licence Duration**

5.3.1 Duration of licence : \*

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The duration of licence displayed is not allowed for selection

**Part 6. Supporting Attachments**

This section requires the applicant to attach the supporting documents to the application made.

Add Supporting Attachments:

- (1) Click the **'Choose File'** button and **'Browse'** button to select the documents to be attached into the application.
- (2) Click the **'OK'** button.
- (3) Click the **'Attach File'** button to attach the selected file into this application.
- (4) Fill in the remarks in the **'Remark'** field with regards to the file attached (*if required*).
- (5) Click **'Next'** button to proceed to **Part 7. 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.

PR1001 APPLICATION FOR A PHARMACY LICENCE

Fill in the application form			Guideline	Help
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Click here to encrypt documents

Fields marked with an asterisk \* are mandatory.

**6. 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**

6.1 Store Layout Plan : \*  Browse... No file selected.

6.2 Other Supporting Documents :  Browse... No file selected.  
*(eg. copy of Pharmacist Practising Certificate)*  
*Note: Please submit a declaration letter signed by the pharmacist-in-charge for the provision of Telepharmacy service for the Pharmacy only products. : \**

**Attach Files**

Select All to delete all attachment records

S/n	Attachment Name	Attachment Type	Size (Kb)	Remarks
1	<a href="#">uat doc 1 - Copy.pdf</a>	Store Layout Plan	36	
2	<a href="#">uat doc 1_AMD.pdf</a>	Other Supporting Documents	36	

To remove an attachment, click on the checkbox. Then hit the Remove button to remove the attachment from the list.

Remove

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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 7. Confirmation and Declaration**

This section shows the information provided in all sections of the New Pharmacy Licence Application Form.

- (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 New Pharmacy Licence application.

Declaration	
1.	I, on behalf of my company, confirm that the information submitted in this application is true and accurate.
2.	I, on behalf of my company, confirm that the pharmacist named therein is duly employed to be in charge of the pharmacy, and is registered under the Pharmacists Registration Act (Cap. 230) and who holds a valid practising certificate granted under section 23 of that Act.
Accept <input type="radio"/> Decline <input type="radio"/>	

## **Payment Advice**

This section shows the total amount of money for the pharmacy application.

There are 2 modes of payment available:

- GIRO
- eNETS

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

Payment Advice			
Sn	Description	Amount (SGD)	GST
1	The total payment for your application is SGD [redacted]		N
The amount of SGD [redacted] will be deducted from your <span style="border: 1px solid red; padding: 2px;">Giro Account.</span>			

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

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

Payment Advice			
Sn	Description	Amount (SGD)	GST
1			N

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.

(2) 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
Monday, 09 January 2017

**Consumer eNETS**

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[Security Guidelines](#)

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## 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	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 / CVC2  (What is CVV/CVC2/CID)

Expiry Date  Month  (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](#).

Fast, Secure & Hassle-free transactions



- (3) 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.


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Consumer eNETS

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## 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.

- www.enets.sg
- dbss2pay.dbs.com (for DBS/POSB Account holders)
- pibenet5.uob.com.sg (for UOB Account holders)
- www.citibank.com.sg (for Citibank Account holders)
- www.ocbc.com.sg (For OCBC account holders)
- www.plus.com.sg (For Plus! account holders)
- ibank.standardchartered.com.sg (For Standard Chartered account holders)

TRANSACTION INFORMATION

Merchant Name	Health Science Authority
Merchant Reference Code	ETT1700003K
NETS Reference Code	20170109153742590
Merchant Hostname	http://hsa.gov.sg
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.

SINGAPORE BANK SELECTION

Bank:

SUBMIT
CANCEL

Important:

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

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## 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.

- www.enets.sg

TRANSACTION INFORMATION

Merchant Name	Health Sciences 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 / CVC2:  [What is CVV/CVC2/CID?]

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](#).

SUBMIT
CANCEL

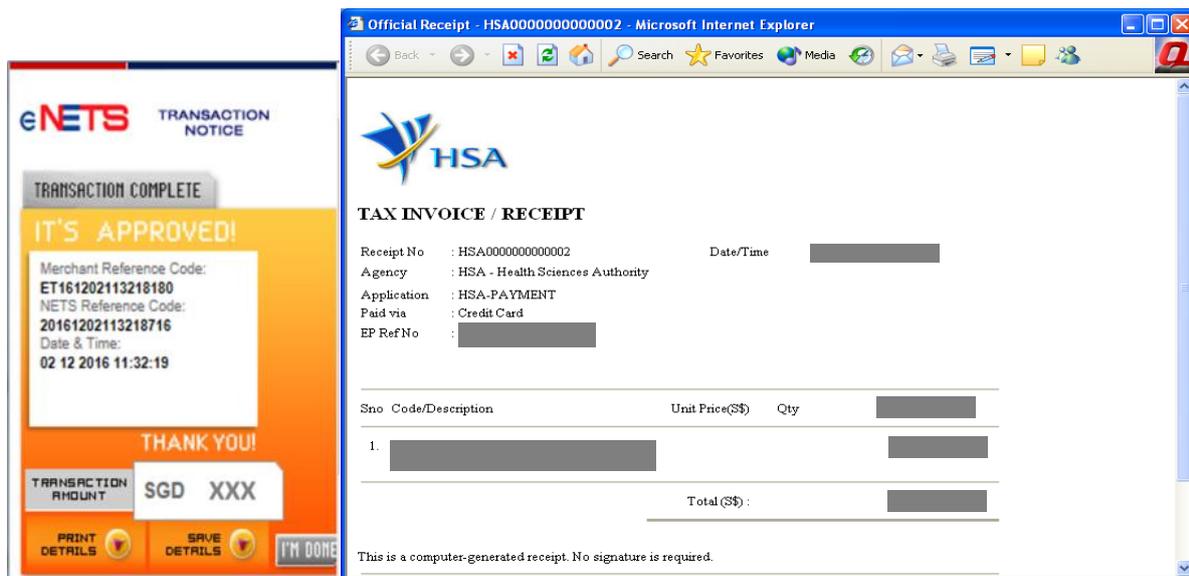
Fast, Secure & Hassle-free transactions



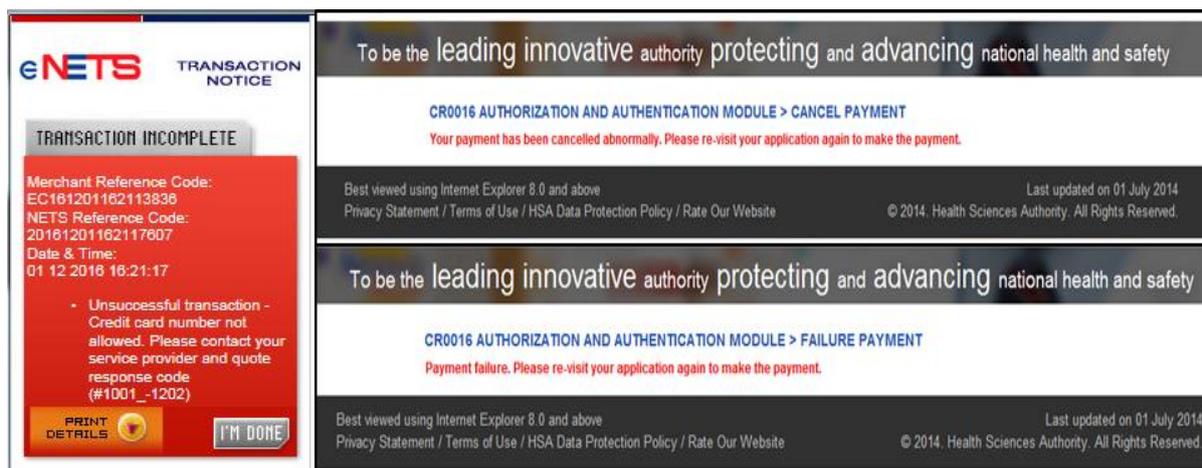
Important:

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

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



(5) 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.



(6) 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.

## **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.

**PQ1001 APPLICATION FOR A PHARMACY LICENCE**

**Acknowledgement**

Your application have been successfully submitted

Please note that your application number is 2000177D

Client Code :

Licensee :

Name :

Amount :

[Show Printer-Friendly version](#)

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

## Input Request

This section illustrates how applicant can respond to the Input Request raised to the application.

Input Request arises when the reviewing HSA officer requires further clarification from the applicant regarding the Pharmacy Licence Application Form.

A notification will be sent to the applicant to inform the applicant to log on to [track@prism](mailto:track@prism) to make the necessary changes.

Input request can be classified as Primary or Secondary.

- Primary Input Request requires changes to be made directly in 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) Log on to [track@prism](mailto:track@prism) -> select the correct Application / Submission Type -> select Licence Type -> select Enquiry Type -> key in the Application No. -> click '**Search**' button.

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) When the search result is displayed, click the 'Application No.'

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

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

New Application/Submission for <input type="text"/> : (Input Request)							
S/No	Application No	Transaction No	Product Name	Application/Submission Status	Date Required	Last Updated Date	HSA Input Request
1	<a href="#">1600670D</a>	T1601220K	NA	Input Request	22/06/2016	14/06/2016	<a href="#">Click here for Primary IR (15/06/2016)</a>

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

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

- (3) The webpage will display the application form as per previously submitted.
- (4) Proceed to make the necessary changes for the section(s) that required amendment, click '**Save**' button and submit the revised application form.

## Responding to Secondary Input Request

- Log on to [track@prism](https://track@prism) -> select the correct Application / Submission Type -> select Licence Type -> select Enquiry Type -> key in the Application No. -> click **'Search'** button.

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

- When the search result is displayed, click under 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.

[Please click here to extend your draft](#)

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

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Amendment for Pharmacy Licence (Input Request)								
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	MCPH1600024	NA	Input Request	11/07/2016	04/07/2016	<a href="#">Click here for Secondary IR (04/07/2016)</a>

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

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

**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.

- Fill in any response in the text box under 'Applicant's Response (if any)' and click **'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

SN	Action	Due Date	Applicant's Response (if any)
1.	For Secondary Screenshot	15/07/2016	<input type="text"/>

### **Other useful information**

1. Applicant may check on the status of your application upon submission at [track@prism](mailto: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

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.