

AMENDMENT APPLICATION FOR A FORM A POISONS LICENCE

Please note that companies must 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 amend@prism. For more information on CRIS, please refer to <https://www.hsa.gov.sg/e-services/cris>

The following amendment does not require submitting amendment application via this module:

- Amendment to change company's particulars such as company name and address has to be made via the "Amend Company Information" module under the amend@prism on PRISM e-Service webpage.

1. The 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, 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 information/item(s) are required to complete the form:

- (A) **Current layout plan for the premises**, specifying the storage area(s) (Mandatory, if there is a change in the store)

The layout floor plan will need to have the following information:

- (i) The full address of the warehouse
- (ii) The dimensions (length and width) of the warehouse
- (iii) Indication of various storage areas, e.g. receiving bay, quarantined product area, released product area, rejected product area, returned product area, recalled product area, outgoing staging area, etc.

- (B) Other supporting documents (if any)

3. The applicant will require a Corppass* or Singpass 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* / Singpass 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 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.

Application Form

Fields marked with an asterisk * are mandatory.

This section allows the search for the Licence to be amended.

- (1) Select the **Licence Type** (Form A Poisons Licence).
- (2) Enter the **Licence Number** and click '**Search**' button.
When the search result is displayed, click **Amend** button.

PZ4001 AMEND@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/Listing/Notification/Registration Type *

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

Product Name

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

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

Active Pharmacy Licence				
S/No	Licence No	Start Date	Expiry Date	Action
1				Amend

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

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

Part 1. Licence/Permit/Certificate/Listing Summary

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

This section requires the applicant to verify and fill in **Amendment Details**. Click '**Next**' button to proceed to **Part 2 Licence Information** section.

1. Licence/Permit/Certificate/Registration Summary

1.1 Licence/Permit/Certificate/Registration No.:

1.2 Start Date:

1.3 Expiry Date:

1.4 Amendment Details:

Part 2. Licence Information

The information will be pre-populated based on the previous records. If there is an amendment to this section, please make amendment accordingly. Otherwise, please do not amend any details at this section.

- (1) Select the Category of poisons and click '**Add**' button or '**Delete**' button
- (2) Select the Specific details and click '**Add**' button or '**Delete**' button

(3) Select Principal Code

Please note that if the applicant is working for a retail pharmacy, “Principal Licence Holder” should be selected.

For a company other than a retail pharmacy, there should be one and only one principal licensee. The applicant should select the appropriate principal code which is authorized by the company. Please note that without prejudice to the liability of any person who may be licensed, the principal licensee shall be held responsible for any offence committed under the Poisons Act/Rules.

(4) Click ‘Next’ button to proceed to **Part 3. Applicant Particulars** section.

2. Type of Licence	
2.1 Duration of licence :	1 Year ▾
2.2 Categories of poisons : *	Veterinary Products (exclude Controlled Drugs unless otherwise stated) Test Kits / Reagents / Standards (exclude Controlled Drugs unless otherwise stated) <div style="text-align: center;"> <input type="button" value="Add"/> <input type="button" value="Delete"/> </div> Pharmaceuticals, include raw materials (exclude Controlled Drugs unless otherwise stated, and therapeutic product)
2.3 Specific details: *	Controlled drugs listed under the Misuse of Drugs Act Berberine Not Applicable <div style="text-align: center;"> <input type="button" value="Add"/> <input type="button" value="Delete"/> </div>
2.4 Principal Code : *	<input type="radio"/> Principal Licence Holder <input checked="" type="radio"/> Secondary Licence Holder

Part 3. Applicant Particulars

The applicant particulars will be pre-populated based on the previous records. The applicant can update particulars other than the name and NRIC/FIN. **If there is a change in name or NRIC/FIN, the applicant needs to cancel the existing licence and re-apply for a new licence.**

Click ‘Next’ button to proceed to **Part 4. Company Particulars** section.

3. Applicant Particulars	
3.1 Name : *	<input type="text"/>
3.2 NRIC/FIN : *	<input type="text"/>
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>	
3.6 Academic qualifications: *	<input type="text"/>
3.7 Pharmacist: *	<input type="text"/>
3.8 Actual working hours: *	<input type="text"/> (Example : 8-5pm, Mon - Fri)

Part 4. Company particulars

The company name and 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 Company Information'](#) module. Click **'Next'** button to proceed to **Part 5. Store Particulars** section.

Part 5. Store Particulars

This section requires the applicant to fill in the following information if there is an amendment to the store particulars.

Add new store(s)

- (1) Fill in **Postal Code** and click **'Retrieve Address'** button. The **Block/House No, Street Name** and **Building Name** will be populated on the screen.
- (2) Fill in **Level-Unit** information and any additional detail relating to the store in the **Other Address Detail** field (if applicable).
- (3) Fill in **Approved By** information.
- (4) Click **'Add Store'** button.

The screen will be automatically refreshed, and the refreshed page will display the store particulars that were added.

- (5) Repeat Step (1) to (4) to add other store(s) information.

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

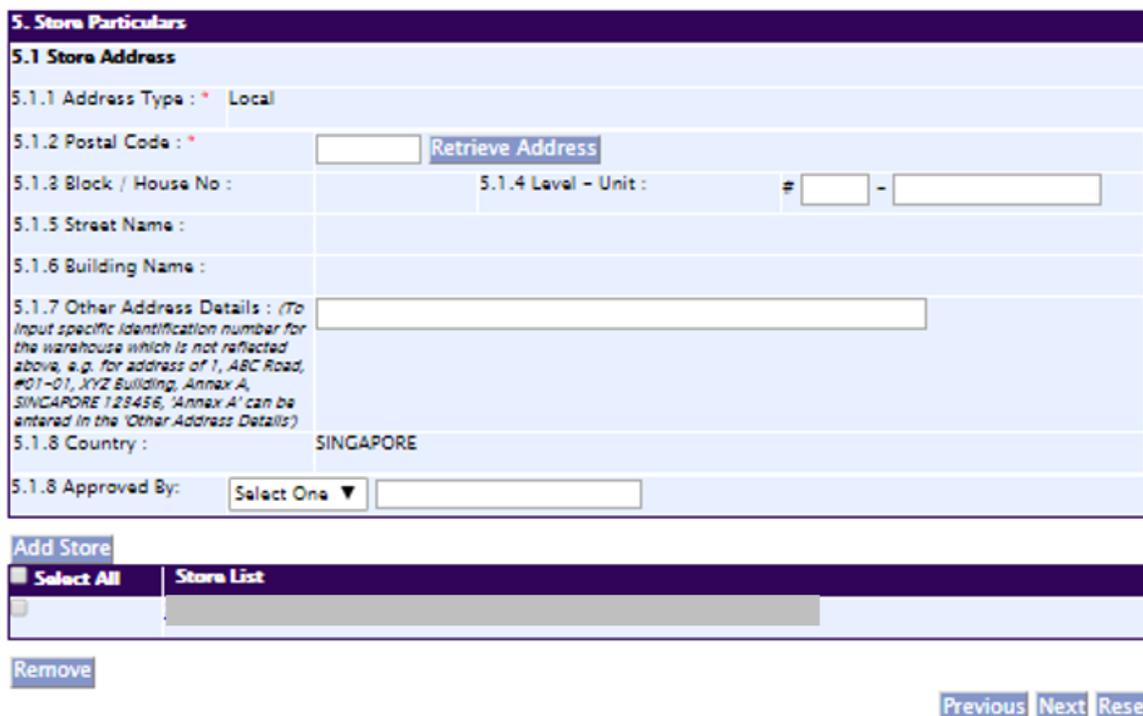
- (6) Click **'Next'** button to go to **Part 6. Supporting Documents** section.

Update store(s)

- (1) Click on the store required amendment from the **Store List** table.
- (2) Make the required update.
- (3) Click '**Update Store**' button.

Remove store(s)

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



Part 6. Supporting Documents

This section allows the attachment of the supporting documents for the application.

Add Attachment

- (1) Click '**Choose File**' button to select the required file for attachment.
- (2) Select the required file.
- (3) Click on the **Open** button in the pop-up window.
- (4) Click '**Attach File**' button for the file to be attached to this application.
- (5) Fill in the remarks in the '**Remark**' field with regards to the file attached (if required).
- (6) Repeat Step (1) to (5) to add other documents. All supporting documents should be provided.
- (7) Click '**Next**' button to proceed to **Part 7. Confirmation and Declaration** section.

Remove Attachment

- (1) Click on the checkbox adjacent to the attachment(s) from the **List of Attachments** Table.
- (2) Click '**Remove**' button to delete the document.

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 Good Distribution Standard Operating Procedures :	<input type="button" value="Choose File"/>	No file chosen
6.2 Good Distribution Practice Records :	<input type="button" value="Choose File"/>	No file chosen
6.3 Store Layout Plan :	<input type="button" value="Choose File"/>	No file chosen
6.4 Store Approval Letter :	<input type="button" value="Choose File"/>	No file chosen
6.5 Annual Certificate of Registration from the Singapore Pharmacy Board :	<input type="button" value="Choose File"/>	No file chosen
6.6 Other Supporting Documents :	<input type="button" value="Choose File"/>	No file chosen

Select All to delete all attachment records

Sn	Attachment Name	Attachment Type	Size (Kb)	Remarks
1				

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

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 uploading time may be longer.

Part 7. Confirmation and Declaration

This section shows the information provided in all sections of the 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 '**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 '**Submit**' button to submit the Application Form.

Declaration

1. I, on behalf of my company, confirm that the information submitted in this application is true and accurate.

Accept Decline

Fill in the application form			Guideline	Help
1. Licence Summary	4. Company Particulars	7. Confirmation	Special Symbol	
2. Licence Particulars	5. Warehouse Information		Attach	Save
3. Applicant Particulars	6. Supporting Attachments			

Payment Advice

This section shows the total amount of money for the application. There is no application fee for an applicant who is a pharmacist registered with the Singapore Pharmacy Council.

There are 2 modes of payment available:

- GIRO (deducted from the relevant bank account)
- eNETS (Credit Card or Debit Card)

Payment Advice			
Sn	Description	Amount (SGD)	GST
1	Amd: Form A Poisons Lic (Non-Pharm)		N
The total payment for your application is SGD []			
If GIRO payment is selected, then the amount of SGD [] will be deducted from your Giro Account.			
Payment Method : *		<input type="radio"/> GIRO <input checked="" type="radio"/> <u>eNETS</u>	
Reference Number :		[]	

or

Payment Advice			
Sn	Description	Amount (SGD)	GST
1	Amd: Form A Poisons Lic (Pharmacist)		N
The total payment for your application is SGD []			

If the eNETS option is selected and then 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

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	MasterCard Verified by SecureCode VISA
Merchant Reference Code NETS Reference Code	ECT1700002K
Amount	20170109152942902 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

MasterCard VISA

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](#).

SUBMIT
CANCEL

Fast, Secure & Hassle-free transactions

If the eNETS option is selected and then 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.

eNETS
Monday, 09 January 2017

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. dbx2pay.dbx.com (for DBS/POSB Account holders)
3. gblenets.uob.com.sg (for UOB Account holders)
4. www.citibank.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 ETT1700002K
NETS Reference Code 20170109153742590	Merchant Hostname http://hsa.gov.sg
Amount	<input type="text"/>

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 Notice:

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

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eNETS Monday, 09 January 2017

Consumer eNETS

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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
NET'S Reference Code	20110109152942902
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)

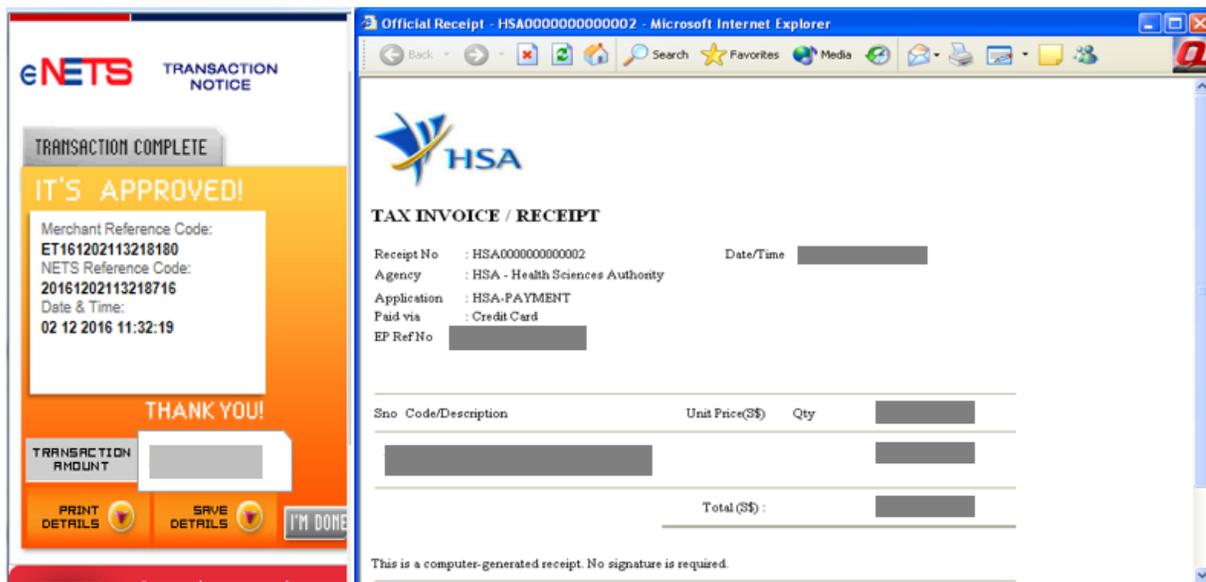
I have read, understood and accepted the following:

- 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

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 [HSA HelpDesk](#) for assistance.

 <p>TRANSACTION INCOMPLETE</p> <p>Merchant Reference Code: EC161201162113836 NETS Reference Code: 20161201162117607 Date & Time: 01 12 2016 16:21:17</p> <p>• Unsuccessful transaction - Credit card number not allowed. Please contact your service provider and quote response code (#1001_-1202)</p> <p>PRINT DETAILS  I'M DONE </p>	<p>To be the leading innovative authority protecting and advancing national health and safety</p> <p>CR0016 AUTHORIZATION AND AUTHENTICATION MODULE > CANCEL PAYMENT</p> <p>Your payment has been cancelled abnormally. Please re-visit your application again to make the payment.</p> <p>Best viewed using Internet Explorer 8.0 and above Privacy Statement / Terms of Use / HSA Data Protection Policy / Rate Our Website</p> <p>Last updated on 01 July 2014 © 2014, Health Sciences Authority. All Rights Reserved.</p>
	<p>To be the leading innovative authority protecting and advancing national health and safety</p> <p>CR0016 AUTHORIZATION AND AUTHENTICATION MODULE > FAILURE PAYMENT</p> <p>Payment failure. Please re-visit your application again to make the payment.</p> <p>Best viewed using Internet Explorer 8.0 and above Privacy Statement / Terms of Use / HSA Data Protection Policy / Rate Our Website</p> <p>Last updated on 01 July 2014 © 2014, Health Sciences Authority. All Rights Reserved.</p>

To submit the completed application, click **'Submit'** button. Applicant will be prompt 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

Acknowledgement	
Your application have been successfully submitted	
Please note that your application number is 1600797N	
Client Code	: <input type="text"/>
Licensee	: <input type="text"/>
Name	: <input type="text"/>
Amount	: <input type="text"/>
Show Printer-Friendly version	

Note: Applicant can click **'Show Printer-Friendly version'** 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 Application Form.

A notification will be sent to the applicant to inform the applicant to log on to 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 -> 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 [redacted] (Input Request)							
S/No	Application No	Transaction No	Product Name	Application/Submission Status	Date Required	Last Updated Date	HSA Input Request
1	1600670D	T1601220K	NA	Input Request	22/06/2016	14/06/2016	Click here for Primary IR (15/06/2016)

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

- (1) Log on to [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 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.

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

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	Click here for Secondary IR (04/07/2016)

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.

- (3) Fill in any response in the text box for response to Secondary Input Request 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=1308&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 the 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 : 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.