

NEW APPLICATION FOR 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 apply@prism. For more information on CRIS, please refer to <https://www.hsa.gov.sg/e-services/cris>

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)
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) **Good Distribution Practice Standard Operating Procedures**
 - (C) **Good Distribution Practice Records or Recording Templates**
 - (D) Other supporting Documents (if any)

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

Application Form

Fields marked with an asterisk * are mandatory.

Part 1. Licence Particulars

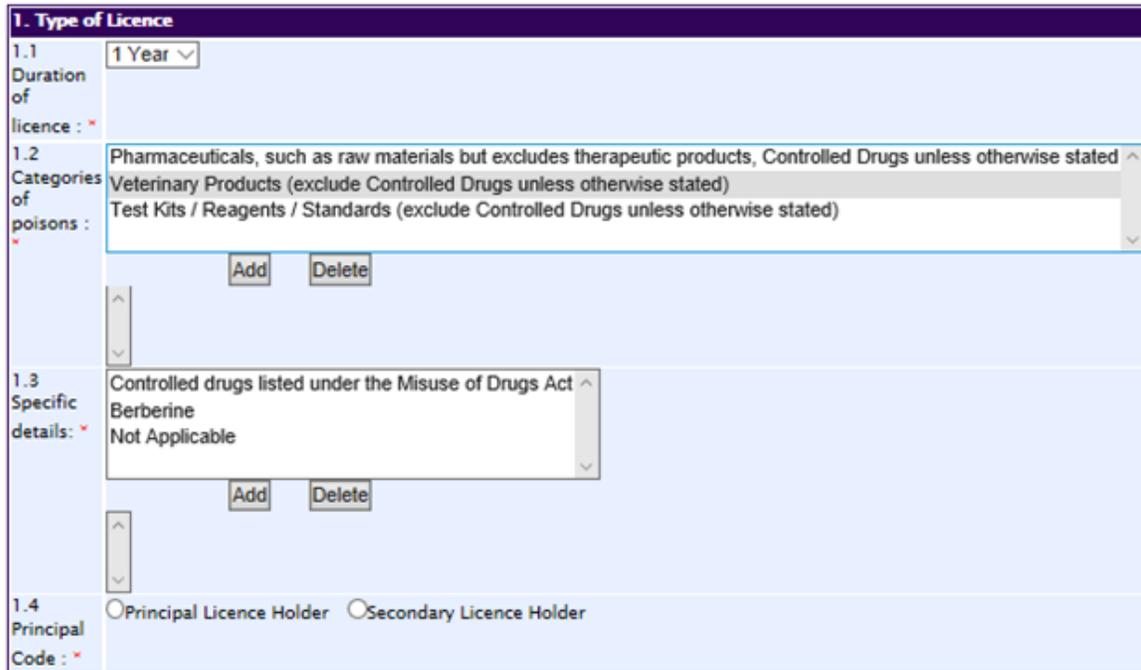
The section requires the applicant to furnish the following information:

- (1) Select the Category of poisons and click '**Add**' button
- (2) Select the Specific details and click '**Add**' 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 2. Applicant Particulars** section.



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

Part 2. Applicant Particulars

This section requires the applicant to furnish the following information:

- (1) Input 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.)

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) Input Academic qualifications

(For companies which are not dealing with Active Pharmaceutical Ingredients that are intended for local clinical use or controlled drugs, the company can appoint non-pharmacists to apply to be the licence holders.

For companies which are dealing with poisons that fall in the above-mentioned categories, the principal licensee must be a pharmacist registered with the Singapore Pharmacy Council.)

(4) If the applicant is a pharmacist registered with Singapore Pharmacy Council, select 'Yes' and input the Pharmacist registration number.

If the applicant is not a pharmacist registered with Singapore Pharmacy Council, select 'No'.

(If the applicant is a registered pharmacist, he/she must fill in his/her pharmacist registration number, consistent with that maintained by the Singapore Pharmacy Council. Please approach the Singapore Pharmacy Council for clarification if the system prompts that the entered pharmacist registration number cannot be accepted.)

(5) Input the Actual working hours and working days.

(6) Click 'Next' button to proceed to **Part 3. Company Particulars** 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>
2.7 Academic qualifications: *	<input type="text"/>
2.8 Pharmacist: *	<input checked="" type="radio"/> Yes <input type="radio"/> No 2.8.1 Pharmacist Registration Number from Singapore: <input type="text"/>
2.9 Actual working hours: *	<input type="text"/> (Example : 8-5pm, Mon - Fri)

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Part 3. Company's 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** 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 under the amend@prism on PRISM e-Service webpage.

(2) Input the **Telephone** and/or **Fax** number.

(3) Indicate if the Billing Address is the same as the Company Address.

If the Billing Address is not the same as **Company Address**, please fill in the **Postal Code** field and click '**Retrieve Address**' button. The **Block/House No**, **Street Name** and **Building Name** will be populated.

Fill in the **Level-Unit** field and any additional detail relating to the company in the **Other Address Details** field (if applicable)

(4) Input the **Nature of Business**

(5) Click '**Next**' button to proceed to **Part 4. Warehouse 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.

3. Company Particulars			
3.1 Name : *	<input type="text"/>		
3.2 Location Code :	<input type="text" value="1"/>		
3.3 Company Address			
3.3.1 Address Type : *	<input type="text" value="Local"/>		
3.3.2 Postal Code : *	<input type="text"/>		
3.3.3 Block / House No :	<input type="text"/>	3.3.4 Level - Unit :	<input type="text"/>
3.3.5 Street Name :	<input type="text"/>		
3.3.6 Building Name :	<input type="text"/>		
3.3.7 Country :	<input type="text" value="SINGAPORE"/>		
3.4 Tel : *	<input type="text"/>	3.5 Fax :	<input type="text"/>
		Your Fax No. is necessary for our future correspondence	
3.6 Is Billing Address the same as the Company Address ? *	<input checked="" type="radio"/> Yes		<input type="radio"/> No
3.8 Unique Entity No.(UEN) :	<input type="text"/>		
3.9 Nature of Business: *	<input type="text"/>		

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Part 4. Warehouse Particulars

This section allows the input of warehouse particulars.

Add warehouse(s)

- (1) Fill in the **Postal Code** and click **'Retrieve Address'** button. Details such as **Block/House No**, **Street Name** and **Building Name** will be populated.
- (2) Fill in the **Level-Unit** field 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 Warehouse'** button.

The screen will be automatically refreshed and the refreshed page will display the details of the warehouse particulars that were added.

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

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

- (6) Click **'Next'** button to proceed to **Part 5. Supporting Documents** section.

Update warehouse(s)

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

Remove warehouse(s)

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

4. Warehouse Particulars

4.1 Warehouse Address

4.1.1 Address Type : *	Local	
4.1.2 Postal Code : *	<input type="text"/>	Retrieve Address
4.1.3 Block / House No :	<input type="text"/>	4.1.4 Level - Unit : # <input type="text"/> - <input type="text"/>
4.1.5 Street Name :	<input type="text"/>	
4.1.6 Building Name :	<input type="text"/>	
4.1.7 Other Address Details : <i>(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')</i>	<input type="text"/>	
4.1.8 Country :	SINGAPORE	
4.1.8 Approved By:	<input type="text" value="Select One"/>	<input type="text"/>

[Add Warehouse](#)

	Warehouse List
<input type="checkbox"/>	

[Remove](#)

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Part 5. Supporting Documents

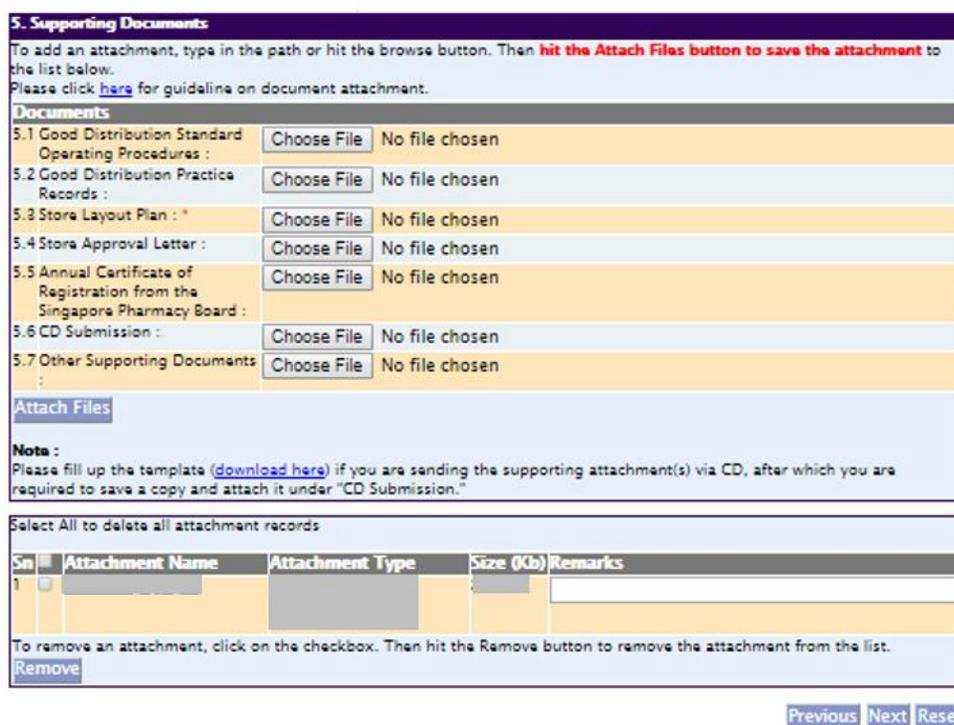
This section allows the attachment of the supporting documents for the application.

Add Attachment

- (1) Click '**Choose File**' button to select the required file for attachment.
- (2) Select the required file.
- (3) Click '**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 6. 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.



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 uploading time may be longer.

Part 6. Confirmation and Declaration

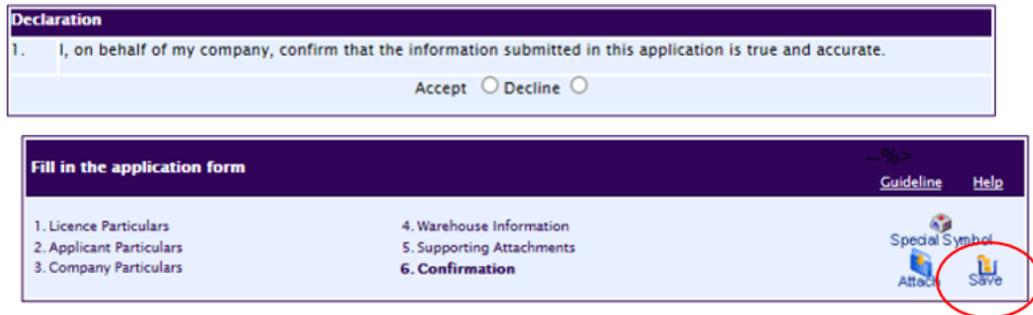
This section shows the information provided in all sections of the Application Form.

(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.

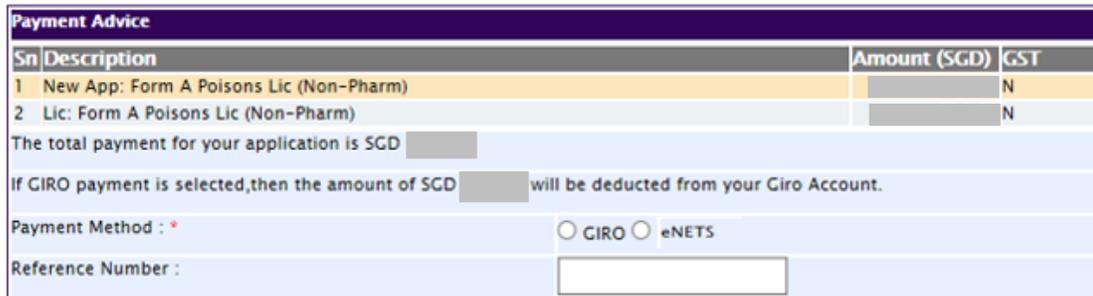


Payment Advice

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)



Sn	Description	Amount (SGD)	GST
1	New App: Form A Poisons Lic (Non-Pharm)		N
2	Lic: Form A Poisons Lic (Non-Pharm)		N

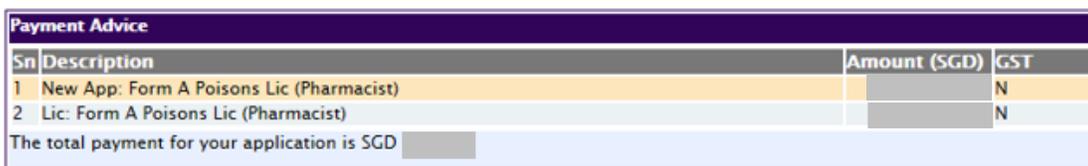
The total payment for your application is SGD [redacted]

If GIRO payment is selected, then the amount of SGD [redacted] will be deducted from your Giro Account.

Payment Method : * GIRO eNETS

Reference Number :

or



Sn	Description	Amount (SGD)	GST
1	New App: Form A Poisons Lic (Pharmacist)		N
2	Lic: Form A Poisons Lic (Pharmacist)		N

The total payment for your application is SGD [redacted]

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

<p>Merchant Name Merchant Reference Code NETS Reference Code Amount</p>	<p style="text-align: right;">MasterCard Verified by VISA SecureCode</p> <p>Health Sciences Authority ECT170002K 20170109152942902 SGD 500.00</p>
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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

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. dbs2pay.dbs.com (for DBS/POSB Account holders)
3. pibenetts.uob.com.sg (for UOB Account holders)
4. www.cibank.com.sg (for Citibank Account holders)
5. www.ocbc.com (For OCBC account holders)
6. www.plus.com.sg (For Plus account holders)
7. bank.standardchartered.com.sg (For Standard Chartered account holders)

TRANSACTION INFORMATION

<p>Merchant Name Merchant Reference Code NETS Reference Code Merchant Hostname Amount</p>	<p>Health Science Authority ETT170002K 20170109153742590 http://hsa.gov.sg <input style="width: 100%;" type="text"/></p>
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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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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.

- www.enets.eg

TRANSACTION INFORMATION

<p>Merchant Name Health Sciences Authority</p> <p>Merchant Reference Code ECT170002K</p> <p>NET'S Reference Code 20170109152942902</p> <p>Amount SGD 500.00</p>	<p>Important Notice: Please note down the transaction information in this section just in case you need to raise any query on this transaction.</p>
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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.

TRANSACTION NOTICE

TRANSACTION COMPLETE

IT'S APPROVED!

Merchant Reference Code:
ET161202113218180

NETS Reference Code:
20161202113218716

Date & Time:
02 12 2016 11:32:19

THANK YOU!

TRANSACTION AMOUNT

PRINT DETAILS

SAVE DETAILS

I'M DONE

TAX INVOICE / RECEIPT

Receipt No	: HSA0000000000002	Date/Time	[REDACTED]
Agency	: HSA - Health Sciences Authority	Application	: HSA-PAYMENT
Paid via	: Credit Card	EP RefNo	: [REDACTED]

Sno	Code/Description	Unit Price(\$\$)	Qty	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total (\$\$):			[REDACTED]	[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.



eNETS TRANSACTION NOTICE

TRANSACTION INCOMPLETE

Merchant Reference Code: EC161201162113836
 NETS Reference Code: 20161201162117607
 Date & Time: 01 12 2016 16:21:17

• Unsuccessful transaction - Credit card number not allowed. Please contact your service provider and quote response code (#1001_-1202)

[PRINT DETAILS](#) [I'M DONE](#)

To be the leading innovative authority protecting and advancing national health and safety

CR0016 AUTHORIZATION AND AUTHENTICATION MODULE > CANCEL PAYMENT
 Your payment has been cancelled abnormally. Please re-visit your application again to make the payment.

Best viewed using Internet Explorer 8.0 and above
 Privacy Statement / Terms of Use / HSA Data Protection Policy / Rate Our Website

Last updated on 01 July 2014
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To be the leading innovative authority protecting and advancing national health and safety

CR0016 AUTHORIZATION AND AUTHENTICATION MODULE > FAILURE PAYMENT
 Payment failure. Please re-visit your application again to make the payment.

Best viewed using Internet Explorer 8.0 and above
 Privacy Statement / Terms of Use / HSA Data Protection Policy / Rate Our Website

Last updated on 01 July 2014
 © 2014. Health Sciences Authority. All Rights Reserved.

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 [REDACTED]

Acknowledgement

Your application have been successfully submitted

Please note that your application number is **1600797N**

Client Code : [REDACTED]
 Licensee : [REDACTED]
 Name : [REDACTED]
 Amount : [REDACTED]

[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	<u>1600670D</u>	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=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 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.