

NEW APPLICATION FOR APPROVAL TO EXPORT PSYCHOTROPIC SUBSTANCES, THERAPEUTIC PRODUCT CONTAINING PSYCHOTROPIC SUBSTANCE OR ACTIVE INGREDIENTS THAT ARE PSYCHOTROPIC SUBSTANCES

Companies and its applicants must register with Client, Registration, and Identification Service (CRIS) with valid CRIS user rights in order to be able to submit applications on behalf of the company via apply@prism.

The applicant will also require a Corppass before he/she can login to PRISM to retrieve the application form. A person who drafts an application on behalf of his/her company and is not a Singaporean Citizen, Permanent Resident or Employment Pass holder can apply for a HSA PIN to login to PRISM. The Corppass or HSA PIN is necessary for authentication and authorization purposes.

Note: The login process for Corppass will require verification of the user's identity via Singpass first before access to government digital services.

For more information on CRIS, please refer to

<https://www.hsa.gov.sg/e-services/cris>

For more information on Corppass, please refer to

<http://www.corppass.gov.sg/>

For more information on HSA PIN, please refer to

<https://www.hsa.gov.sg/e-services/hsa-pin>

1. The online form may take an average of 15 minutes to fill in.

The time taken varies depending on the number and sizes of the file attachments, configurations of your computer and network, internet performance, etc. Please note that the time stated above excludes time taken for preparatory work in relation to filling the online form (e.g. scanning documents for file attachments).

2. Mode of payment

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

The modes of payment available are as follow:

- GIRO
- Non-GIRO: eNETS (Credit/Debit Card)




Payment by GIRO requires pre-registration. The [GIRO application form](#) is required to be submitted by post to the HSA Finance Department. The correspondence address can be found in the application form. The registration process will take around 3 to 4 weeks after the submission of the application form.

Application Form

Registration Scheme

This section requires the applicant to select the relevant registration scheme based on the product type.

PR1001 APPLICATION FOR AN AUTHORISATION/APPROVAL TO EXPORT PSYCHOTROPIC SUBSTANCES

| Fill in the application form | | | Guideline | Help |
|------------------------------|--|------------------------------|---|---|
| Registration Scheme | 3. License Information | 6. Substances To Be Exported |  Special Symbol |  Attach  Save |
| 1. Company Particulars | 4. Name Of Person To Appear On Licence | 7. Supporting Attachments | | |
| 2. Applicant Particulars | 5. Importer Particulars | 8. Confirmation | | |

Fields marked with an asterisk * are mandatory.

| | |
|--|--|
| Please select from the following two options:* | <input type="radio"/> Active Ingredient (API) |
| | <input type="radio"/> Therapeutic Products, Veterinary Products, Laboratory reagents or Diagnostic test kits |

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

- (1) If you are applying for an approval to export Active Ingredient that is Psychotropic Substance, select "**Active Ingredient (API)**" button.
- (2) If you are applying for an approval to export Therapeutic Products, Veterinary Products, Laboratory Reagents and Diagnostic test kits that contains Psychotropic Substance, select "**Therapeutic Products, Veterinary Products, Laboratory reagents or Diagnostic test kits**" button.
- (3) Click 'Next' button to proceed to **Part 1. Company Particulars section**.

This section cannot be amended after you have submitted the application.

Part 1. Company Particulars

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

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 : * | <input type="text"/> | | |
| 1.2 Location Code : | <input type="text"/> | | |
| 1.3 Company Address | | | |
| 1.3.1 Address Type : * | <input type="text"/> | | |
| 1.3.2 Postal Code : * | <input type="text"/> | | |
| 1.3.3 Block / House No : | <input type="text"/> | 1.3.4 Level - Unit : | # - <input type="text"/> |
| 1.3.5 Street Name : | <input type="text"/> | | |
| 1.3.6 Building Name : | <input type="text"/> | | |
| 1.3.7 Country : | <input type="text"/> | | |
| 1.4 Tel : * | <input type="text"/> | 1.5 Fax : Your Fax No. is necessary for our future correspondence | <input type="text"/> |
| 1.6 Is Billing Address the same as the Company Address ? * | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| 1.7 Billing Address | | | |
| 1.7.1 Address Type : * | <input type="text"/> | | |
| 1.7.2 Postal Code : * | <input type="text"/> | Retrieve Address | |
| 1.7.3 Block / House No : | <input type="text"/> | 1.7.4 Level - Unit : | # <input type="text"/> |
| 1.7.5 Street Name : | <input type="text"/> | | |
| 1.7.6 Building Name : | <input type="text"/> | | |
| 1.7.7 Country : | <input type="text"/> | | |
| 1.8 Unique Entity No.(UEN) : | <input type="text"/> | | |

- (1) Company details such as **Name, Address, Telephone** and/or **Fax** will be pre-populated based on the registered CRIS records.
If you need to make changes to this information, please submit the changes via the “**Amend Company Information**” module under the amend@prism on PRISM e-Service webpage.
- (2) Indicate if the Billing Address is the same as the Company Address.
- (3) If the Billing Address is not the same as **Company Address**, please fill in the ‘**Postal Code**’ field and click the ‘**Retrieve Address**’ button. The **Block/House No, Street Name** and **Building Name** will be populated.
- (4) Fill in the ‘**Level-Unit**’ field and any additional detail relating to the company in the ‘**Other Address Details**’ field. *(If applicable)*
- (5) Click ‘**Next**’ button to proceed to **Part 2. Applicant Particulars** section.

Part 2. Applicant Particulars

This section requires the applicant to enter relevant information relating to the applicant particulars.

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> | | |

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(1) 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) Click '**Next**' button to proceed to **Part 3. Licence Information** section.

Part 3. Licence Information

This section requires the applicant to enter the relevant licence information. Refer to table below for the list of licence required to be entered for different types of product.

| 3. License Information | |
|---|---|
| 3.1 Therapeutic Products Wholesaler's Licence No : | Please enter this if you are exporting Therapeutic Products <input type="text"/> |
| 3.2 Poisons Licence No : | Please enter this if your are Importing laboratory reagents, veterinary product or diagnostic test kits <input type="text"/> |
| 3.3 Therapeutic Products Importer's Licence No : | <input type="text"/> |
| 3.4 Product Registration No : | <input type="text"/> |
| 3.5 Other Relevant Approvals (Eg Medical Device Dealer's Licences, Special Access Routes) : | Please enter this if you are exporting Medical Devices or Unregistered Therapeutic Products <input type="text"/> |
| 3.6 Active Ingredient Wholesaler's Licence No : | Please enter this if you are exporting Active Ingredients <input type="text"/> |
| 3.7 Active Ingredient Importer's Licence No : | <input type="text"/> |

| Type of product: | Licence information required to be entered in section 3: |
|--|--|
| Registered Therapeutic Product | 3.1 Therapeutic Products Wholesaler's Licence No. 3.3 Therapeutic Product Importer's Licence No. (where applicable) 3.4 Product Registration No. |
| Unregistered Therapeutic Product | 3.1 Therapeutic Products Wholesaler's Licence No. 3.3 Therapeutic Product Importer's Licence No. 3.5 Other Relevant Approvals (where applicable) |
| Laboratory Reagents, Veterinary Products or Diagnostic Test Kits | 3.2 Poisons Licence No. 3.5 Other Relevant Approvals (where applicable). |
| Active ingredient | 3.6 Active Ingredient Wholesaler's Licence No. 3.7 Active Ingredient Importer's Licence No. (where applicable) |

Click 'Next' button to proceed to **Part 4. Name of Person to Appear on Licence** section.

Part 4. Name of Person to Appear on Licence

This section is optional. It is completed if the company wishes to have a person responsible for the export to be named in the authorisation / approval. The person indicated should be of sufficient authority to take responsibility for the export.

| 4. Name Of Person To Appear On Licence | |
|---|----------------------|
| 4.1 Name of person to appear on licence: (optional) | <input type="text"/> |

Click 'Next' button to proceed to **Part 5. Importer Particulars** section.

Part 5. Importer Particulars

This section requires the applicant to provide the following:

- Name of **Competent Authority of Importing Country**
- Import Authorisation details such as **authorisation number, date of issue, validity date**
- **Name and address of importer**
- **Mode of export** (Air, Land or Sea)
- **Proposed period of export**

Click 'Next' button to proceed to **Part 6. Substances to be Exported** section.

Fields marked with an asterisk * are mandatory.

Please attach import authorisation

| 5 (a) Importer Particulars | |
|--|---------------------------------|
| 5.1 Name of Competent Authority of Importing Country:* | <input type="text"/> |
| 5.2 Import Authorisation No: | <input type="text"/> |
| 5.3 Date Issued: | <input type="text"/> DD/MM/YYYY |
| 5.4 Valid Till: | <input type="text"/> DD/MM/YYYY |
| 5.5 Name of Importer: * | <input type="text"/> |
| 5.6 Mode of Export :* | Select Mode ▼ |
| 5.7 Proposed Period of Export :* | <input type="text"/> |
| 5 (b) Importer Address | |
| Address of Importer | |
| 5.8 Address Type : * | Overseas |
| 5.9 Address : * | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| 5.10 Province : | <input type="text"/> |
| 5.11 State : | <input type="text"/> |
| 5.12 City : | <input type="text"/> |
| 5.13 Country :* | Select Country ▼ |
| 5.14 Postal Code : | <input type="text"/> |
| 5.15 Telephone No : | <input type="text"/> |
| 5.16 Fax No : | <input type="text"/> |

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Part 6. Substances to be Exported

- (1) In section 6(a), the applicant is required to fill in the following information:
 - 1) **Brand/name of substance** to be exported
 - 2) **Total quantity of units** to be exported
 - 3) Indicate “**Yes**” or “**No**” for diagnostic device, clinical research material and raw material
 - 4) Present stock
- (2) Click on the “**Add Substance**” button. The page will refresh showing the Substance Name in the “List of Substances Added”. To remove any substance name that has been wrongly added to the “**List of Substances Added**”, tick the box beside the Substance Name and click the “**Remove Substance(s)**” button.
- (3) Tick the box beside the substance name and click on the “**Add/View/Update/Remove Ingredient(s)**” button which will bring you to section 6(b) Ingredient Details.

| 6 (a) Substances To Be Exported | |
|---|---|
| 6.1 Brand/Name of Substance To Be Exported : | A |
| 6.14 Total Quantity Of Units To Be Exported :* | <input type="text" value="500.0"/> |
| 6.2 Diagnostic Device :* (Please attach a list of diagnostic device/s) | No |
| 6.3 Clinical Research Material :* | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 6.4 Raw Material :* | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 6.5 Present Stock :* | <input type="text" value="0"/> |
| 6.6 Dosage Form : | Select Dosage Form ▼ |
| 6.7 Presentation : | Select Presentation ▼ |
| 6.8 Pack Size and Quantity Of Packs : | <input type="text"/> |

| List Of Substances Added | | | | | |
|----------------------------|--|-------------------|----------------------------|--------------|-------------------------------|
| Substance Name | Total Quantity Of Units To Be Exported | Diagnostic Device | Clinical Research Material | Raw Material | Total No Of Ingredients Added |
| <input type="checkbox"/> A | 500 | No | No | No | No Ingredient Added |

- (4) In section 6(b), the applicant is required to fill in the following information:
 - 1) Type the **Active pharmaceutical ingredient name** and click “**Search Ingredient**” button to select ingredient. If the ingredient is not available from the list, select “**Others**”, then type in the **Ingredient Name** in section 6.11 and the **Base Factor** in section 6.14 (The Base Factors or approximate percentage of pure anhydrous drug/base contents are available in the “[Yellow list](#)” and “[Green list](#)” from the [INCB](#) website)
 - 2) **Quantity present in each unit** (before conversion to base quantity)
 - 3) **Unit of measurement**
- (5) Once all the information for the Ingredient Details has been entered, click on the “**Add Ingredient**” button. The page will refresh showing the Active Pharmaceutical Ingredient in the

“List of Active Pharmaceutical Ingredient(s) Added”. Check that the information on the list is correct. Click the “Back” button to return to section 6(a).

[Back](#)

Fields marked with an asterisk * are mandatory.

| 6 (b) Ingredient Details | |
|---|----------------------|
| 6.9 Substance Name : | A |
| 6.10 Raw material : | No |
| 6.11 Active Pharmaceutical Ingredient(s) in INN Names : | Pentobarbital-Sodium |
| 6.12 Quantity present in each unit :* | 10.0 |
| 6.13 Unit of measurement : | milligram(mg) |
| 6.14 Base Factor : | 0.91 0.91 |
| 6.15 Total quantity of units to be exported : | 500.0 |
| 6.16 Total quantity of substance to be exported : (in base form) | 4550 |

[Add New Ingredient](#)

[Update](#)

| List of Active Pharmaceutical Ingredient(s) Added | | | |
|---|-------------------------------|---|---------------------|
| Active Pharmaceutical Ingredient Name | Quantity present in each unit | Total Quantity of Substance To Be Exported (in base form) | Unit of Measurement |
| <input type="checkbox"/> Pentobarbital-Sodium | 10 | 4550 | milligram(mg) |

[Remove](#)

Additional instructions:

- i. If the information displayed on the “List of Active Pharmaceutical Ingredient(s) Added” requires correction, click onto the name of the Active Pharmaceutical Ingredient on the list. The information on the Active Pharmaceutical Ingredient that has been selected will appear in section 6(b). Make the necessary correction and click the “Update” button when done. The updated information will now appear in the “List of Active Pharmaceutical Ingredient(s) Added”.
- ii. To remove any Active Pharmaceutical Ingredient that has been wrongly added to the “List of Active Pharmaceutical Ingredient(s) Added”, tick the box beside the Active Pharmaceutical Ingredient Name and click the “Remove Substance(s)” button.

Click ‘Next’ button to proceed to Part 7. **Supporting Attachments** section.

Part 7. Supporting Attachments

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

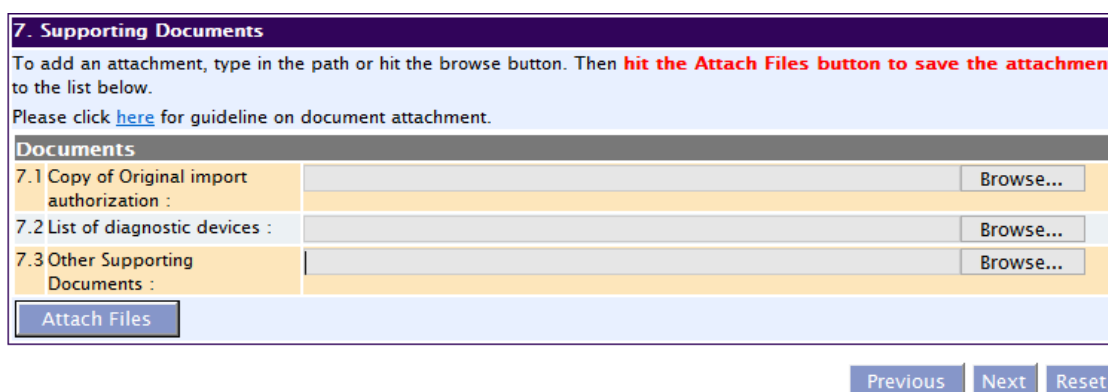
To Add Supporting Attachments:

- (1) Click on the **Browse** button to select the required file for attachment.
- (2) Select the required file.
- (3) Click on the **Ok** button.
- (4) Click on the **Attach File** button for the file to be attached to this application.
- (5) Fill up remarks with regards to the attachment if required.
- (6) Click ‘**Next**’ button to proceed to **Part 8. Confirmation and Declaration** section.

To Remove Supporting Attachments:

- (1) Click on the checkbox next to the attachment(s) from the **List of Attachments Table**.
- (2) To delete the attachment, click on the checkbox beside the attachment.
- (3) Click the ‘**Remove**’ button.

| Purpose of Export | Documents required for export |
|--------------------------------|--|
| For all applications | <p>It is mandatory to attach the import authorisation to import psychotropic substances.</p> <p>This document is issued by the competent authority in the importing country to the company intending to import psychotropic substances. You may obtain this copy from your overseas customer.</p> |
| Export of diagnostic test kits | <p>List of psychotropic substances. The list should contain the following information:</p> <ol style="list-style-type: none"> 1) The name of the diagnostic test kit 2) The quantity of diagnostic test kit to be exported. 3) The concentration and volume of each psychotropic substance contained within each diagnostic test kit. |



7. Supporting Documents

To add an attachment, type in the path or hit the browse button. Then **hit the Attach Files button to save the attachment** to the list below.

Please click [here](#) for guideline on document attachment.

| Documents | |
|---|---|
| 7.1 Copy of Original import authorization : | <input type="text"/> <input style="float: right;" type="button" value="Browse..."/> |
| 7.2 List of diagnostic devices : | <input type="text"/> <input style="float: right;" type="button" value="Browse..."/> |
| 7.3 Other Supporting Documents : | <input type="text"/> <input style="float: right;" type="button" value="Browse..."/> |

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

- tif (Black & White)
- pdf (Adobe Acrobat files)
- xls (Microsoft Excel files)
- avi (audio visual, if required)
- jpg (graphics files)
- doc (Microsoft Word files)
- ppt (Microsoft PowerPoint files)
- mpeg (audio visual, if required)

(Note: If the file size is too big (estimate about 2MB and above), the attachment time may take a longer time to upload.)

Part 8. Confirmation and Declaration

This section shows the information provided in all sections of the Application Form for Authorisation / Approval to Export Psychotropic Substances.

- (1) The applicant is required to confirm that 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, the applicant is advised to read through the declaration carefully before accepting to undertake the conditions.
- (3) Click the **'Submit'** button to submit the application.

Declaration

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

Accept Decline

Payment Advice

| Sn | Description | Amount (SGD) | GST |
|----|----------------------------------|--------------|-----|
| 1 | Licence to Export Psy Substances | | N |

The total payment for your application is SGD [REDACTED]

The amount of SGD [REDACTED] will be deducted from your Giro Account.

Previous
Validate
Submit
Reset

Payment Advice

This section shows the application fee for the licence applied.

There are 2 modes of payment available:

- GIRO
- eNETS

Payment Advice

| Sn | Description | Amount (SGD) | GST |
|----|---------------------|--------------|-----|
| 1 | New App: [REDACTED] | | N |

The total payment for your application is [REDACTED]

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

Payment Advice

| Sn | Description | Amount (SGD) | GST |
|----|---------------------|--------------|-----|
| 1 | New App: [REDACTED] | | N |

The total payment for your application is [REDACTED]

Payment Method: * eNETS Credit Debit

Important Notice for eNETS Debit payment:
Please take note to turn off the pop-up blocker in your browser before proceeding to submit your application in-order to view the Acknowledgement and Receipt.

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

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

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

If the Credit option is selected, the page will be re-directed to the relevant screen for the applicant to input the credit card details.

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>MasterCard Verified by VISA SECURECODE</p> <p>Health Sciences Authority ECT1700033K 20170109153742590 SGD 500.00</p> |
|---|--|

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.

CVV2 (What is CVV2/CVC2/CID)

Expiry Date Month Year (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

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.

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. dbad2pay.dbs.com (for DBS/POSS Account holders)
3. pbenets.uob.com.sg (for UOB Account holders)
4. www.cibank.com.sg (for CIBank 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 ETT1700033K 20170109153742590 http://hsa.gov.sg SGD [REDACTED]</p> |
|---|--|

Important Notice: Please note down the transaction information in this section just in case you need to raise any query on this transaction.

SINGAPORE BANK SELECTION

Bank Please select a bank

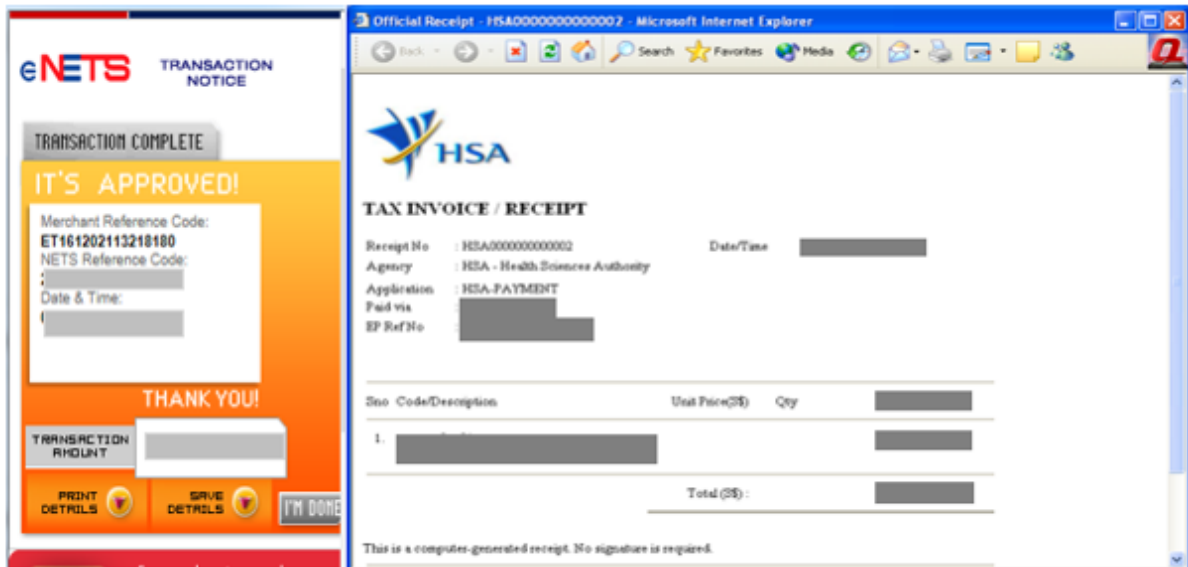
Fast, Secure & Hassle-free transactions

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

© eNETS is a product of Network for Electronic Transfers (Singapore) Pte Ltd.



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 HelpDesk](#) for assistance.



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.

Acknowledgement

This section acknowledges that the application has been submitted to HSA for processing. An application number will be generated for the successful application submitted.

Applicants may wish to print a copy of this acknowledgement page or take note of the **Application Number** for ease of reference. Applicants may provide the application number if they wish to communicate with HSA.

Acknowledgement

Your application have been successfully submitted

Please note that your licence applied is

Please note that your application number is **1600375M**

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

Input Requests arise when the reviewing HSA officer requires further clarification from the applicant regarding the application. This section illustrates how applicants can respond to the Input Request.

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

Input requests can be classified as Primary or Secondary.

- Primary Input Request requires changes to be made directly on 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) In [track@prism](#) enter the Application Number to retrieve the application that requires clarification.

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

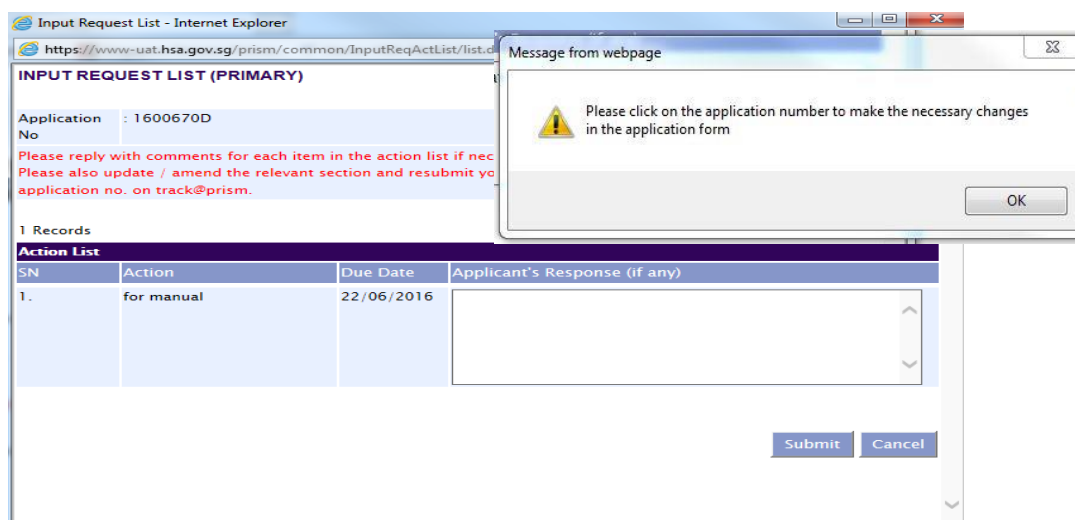
(2) Click on the 'HSA Input Request' to view if any reply is required from the applicant. Click the 'Submit' button and an alert message will pop up to prompt you to make the necessary changes in the application form.

| 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) Click on the '**Application No.**' to open the application.

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 Pharmacy Licence (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)

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(4) The webpage will display the application form as per previously submitted.

(5) Proceed to make the necessary changes for the section(s) that require clarification and submit the revised application form.

Responding to Secondary Input Request

(1) In track@prism enter the **Application Number** to retrieve the application that requires clarification.

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) Click on 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.

| 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 right mouse click.

1 Matching Record(s)

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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 the **'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. You may check on the status of your application upon submission at track@prism.
2. For enquiries related to PSEL applications, please contact the Audit and Licensing Division at Tel: 6866 1111 or email to hsa_certification@hsa.gov.sg .
3. For IT issues encountered during the application submission, kindly contact the HSA Helpdesk at Tel: 6776 0168 (from 7:00 am to midnight daily) or email to helpdesk@hsahelp.gov.sg.