

## **AMENDMENT APPLICATION FOR IMPORTER'S LICENCE FOR THERAPEUTIC PRODUCTS**

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](mailto:amend@prism). For more information on CRIS, please refer to <https://www.hsa.gov.sg/e-services/cris>

The following amendments do 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.
- Amendment to change applicant's particulars such as name and contact details has to be made via the "Amend Applicant's Details for Licences and Applications" module.
- Both "Amend Company Information" and "Amend Applicant's Details for Licences and Applications" modules can be accessed at <https://www.hsa.gov.sg/e-services/prism/therapeutic-products>
- Please note that Importer's Licence granted for full scope activity is not allowed to be changed to restricted activity, and vice versa. For this case, you need to cancel the existing licence and submit a new application for new licence.

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 the 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) **Authorisation Letter from Product Registrant** (Mandatory for products not registered under your company)

(C) **Pharmacist Practising Certificate** (applicable for a Responsible Person who is a pharmacist registered with Singapore Pharmacy Council)

(D) **Good Distribution Practice (GDP) Standard Operating Procedures**

(E) **Good Distribution Practice (GDP) Records or Recording Templates**

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.

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

- (1) Select the **Licence Type** (Therapeutic Products Importer's Licence).
- (2) Enter the **Licence Number** and click **Search** button.  
When the search result is displayed, click **Amend**.

### **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				<a href="#">Amend</a>

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 the following information.

(1) **Amendment Details**

Please provide the reason for the amendment in this entry.

(2) **Site Inspection**

The applicant is required to indicate if the amendment requires site inspection.

Please find below some examples of amendments that require site inspection and examples of amendments that do not require site inspection.

- (3) Click on **'Next'** button to go to the **Company Particulars** section.

1. Licence/Permit/Certificate/Listing Summary	
1.1 Licence/Permit/Certificate/Listing No.:	Auto Populated
1.2 Start Date:	Auto Populated
1.3 Expiry Date:	Auto Populated
1.4 Amendment Details:	<div style="border: 1px solid gray; height: 40px;"></div>
1.5 Site Inspection (Please refer to the guidelines, available at the top right hand corner, before selection):	<input checked="" type="radio"/> This amendment requires site inspection <input type="radio"/> This amendment does not requires site inspection

**Examples of amendments that require site inspection:**

- Inclusion of new warehouse or change in location/address of current warehouse for the storage of therapeutic products
- Inclusion of new storage conditions (e.g. Cold chain) to the warehouse

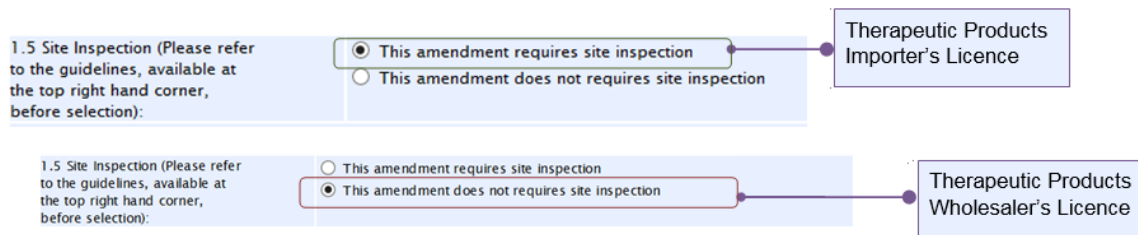
**Examples of amendments that do not require site inspection:**

- Deletion of existing warehouse
- Addition or deletion of aspect of activities for importation
- Addition or deletion of products to be imported
- Addition or deletion of Responsible Person

While the aforementioned generally do not require site inspection, the authority reserve the right to make the final decision and site inspection may be required.

**Note: For companies submitting amendment applications that require site inspection for both Therapeutic Products Importer’s Licence (TPIL) and Therapeutic Products Wholesaler’s Licence (TPWL), choose the option “This amendment requires site inspection” for one licence and “This amendment does not require site inspection” for the other licence.**

Examples for Company holding TPIL and TPWL



If you are in doubt or encounter a situation which is not found in the above lists of examples, please contact us before submission.

## Part 2. Company's particulars

- (1) 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 change via the “**Amend Company Information**” module under the [amend@prism](mailto:amend@prism) on PRISM e-Service webpage.

Input the information of **Tel** and/or **Fax**.

- (2) Indicate if the Billing Address is the same as Company Address.
- (3) If the Billing Address is not the same as Company Address, fill in the postal code and click on the **Retrieve Address** button. The Block/House No, Street Name and Building Name will be populated on screen. Fill in **Level-Unit** information if applicable. Fill in the other details.
- (4) Click ‘**Next**’ button to go to the **Applicant 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.

2. Company Particulars			
2.1 Name: *	Auto Populated		
2.2 Location Code:	1		
<b>2.3 Company Address</b>			
2.3.1 Address Type: *	Local		
2.3.2 Postal Code: *	Auto Populated		
2.3.3 Block / House No:	Auto Populated	2.3.4 Level - Unit:	Auto Populated
2.3.5 Street Name:	Auto Populated		
2.3.6 Building Name:	Auto Populated		
2.3.7 Country:	SINGAPORE		
2.4 Tel: *	<input type="text"/>	2.5 Fax: *	<input type="text"/>
		Your Fax No. is necessary for our future correspondence	
2.6 Is Billing Address the same as the Company Address? *	<input checked="" type="radio"/> Yes		<input type="radio"/> No
2.8 Unique Entity No.(UEN):	Auto Populated		

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## Part 3. Applicant Particulars

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

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

If you need to makes changes to this information, please submit the changes via the “**Amend Applicant's Details For Licences and Applications**” module under the [amend@prism](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.)*

- (3) Click on the **Next** button to go to the **Warehouse Particulars** section.

Fields marked with an asterisk \* are mandatory.

**3. Applicant Particulars**

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

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

3.3 Designation: \*

**3.4 Contact Details**

3.4.1 Tel: \*       3.4.2 Fax:

3.4.3 Handphone:       3.4.4 Pager:

3.4.5 Email:

**3.5 Preferences**

3.5.1 Preferred Contact Mode:  Email  Fax  SMS

\* (Please ensure that the relevant contact details above is entered for your preferred contact mode. Please note that this preferred contact mode is the mode which you will receive the final notification of this application. During the course of this application, you will receive our input requests (i.e. queries), if any, via email if you have indicated your email address above, regardless of your selected preferred contact mode.)

## Part 4. Warehouse Particulars

This section requires the applicant to fill in the following information if there is an amendment to the warehouse particulars. Otherwise, please do not amend any details at this section.

### Add new warehouse(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 the **Storage Condition of Warehouse**.

- (4) Fill in **Approved By** information.

- (5) Click '**Add Warehouse**' button.

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

- (6) Repeat steps (1) to (5) to add other warehouse(s) information.

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

- (7) Click '**Next**' button to go to **Importer's Licence** section.

### Update Warehouse(s)

- (1) Click on the warehouse required amendment from the **Warehouse List** table.

- (2) Make the required changes.

(3) Click 'Update Warehouse' button.

### Remove Warehouse(s)

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

Fields marked with an asterisk \* are mandatory.

#### 4. Warehouse Particulars

##### 4.1 Warehouse Address

4.1.1 Address Type: \*

4.1.2 Postal Code: \*  [Retrieve Address](#)

4.1.3 Block / House No:  4.1.4 Level - Unit: #  -

4.1.5 Street Name:

4.1.6 Building Name:

4.1.7 Other address details:   
(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')

4.1.8 Country:

##### 4.2 Storage Condition of Warehouse

4.2.1 Temperature: \*  Cold Chain (Not more than 8°C)  
 Non Cold Chain (Above 8°C)

4.2.1.1 Actual Temperature Range: \*  15°C to 30°C (Room Temperature)  
 8°C to 15°C (Cool)  
 2°C to 8°C (Refrigerate, Do not freeze)  
 -10°C to -20°C (Freeze)  
 Others

4.2.2 Relative Humidity (Cold Chain): Min  % - Max  %

4.2.3 Relative Humidity (Non Cold Chain): Min  % - Max  %

4.2.4 Approved By:

4.3 This warehouse is applicable for: \*  Therapeutic Products - Importer's Licence  
 Therapeutic Products - Wholesaler's Licence

[Add Warehouse](#)

SN	Select All	Address of Warehouse	Storage Condition	Relative Humidity	Approved By	Applicable Licence(s)
1	<input type="checkbox"/>		Cold Chain			Importer

[Remove](#)

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### Part 5. Importer's Licence Details

This section requires the applicant to fill in the following information if there is an amendment to the products to be imported by the company. Otherwise, please do not amend any details at this section.

### Amend Aspect of Importation

Select **Aspect of Importation**.

**Note** – “Other Specific Activity” is not applicable for Importer’s Licence (Limited Scope).

If the existing TPIL is for full scope, you are not allowed to change to limited scope, and vice versa. For this case, you need to cancel the existing licence and submit a new application for new licence.

### Add registered product (s)

If “Registered Therapeutic Products” is selected, proceed to (1) to (3). Otherwise, proceed to (4).

- (1) Fill in Product Registration Number and click on the ‘**Retrieve Product**’ button.

The details of the product will be populated on the screen.

- (2) Click ‘**Add Product**’ button.

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

- (3) Repeat steps (1) to (2) to add other product particulars.

All details for the products to be imported should be provided.

- (4) Click ‘**Next**’ button to go to **Responsible Person** section.

### Remove Product(s)

- (1) Click on the checkbox adjacent to the product(s) from the **List of Products To Be Imported** table.

- (2) Click ‘**Remove**’ button to delete the product(s).

Fields marked with an asterisk \* are mandatory.

**5. Importer’s Licence Details**

5.1 Aspect of Importation: \*

- Registered therapeutic products
- Therapeutic products on a consignment basis
- Unregistered therapeutic products for patients’ use
- Therapeutic products solely for export only
- Therapeutic products for supply to ships and/or aircraft
- Therapeutic products for non-clinical purposes
- Other specific activity

**5.2 Particulars of Products to be Imported**

5.2.1 Product Registration Number: \*

5.2.2 Name of Product:

5.2.3 Country of Manufacture:

5.2.4 Retention Date of Product Registration:

5.2.5 Forensic Classification:

5.2.6 Name of Product Registrant:

Add Product    New

Select All	Product Registration Number:	Name of Product:	Country of Manufacture:	Retention Date of Product Registration:	Forensic Classification:	Name of Product Registrant:
<input type="checkbox"/>						

Remove

Previous    Next



## **Part 6. Responsible Person**

This section requires the applicant to fill in the following information if there is an amendment to the Responsible Person appointed by the company. Otherwise, please do not amend any details at this section.

### **Add Responsible Person(s)**

- (1) Fill in the details of the **Responsible Person** and contact information.

If more than 1 Responsible Person is appointed by your company and the Responsible Persons are in charge of the GDP aspects for different Division, site, etc., you can input the relevant information into the field of “Scope”. This portion may also be left empty if there is no differentiation of scope and duties of the RP.

- (2) Click ‘**Add Responsible Person**’ button.

The screen will be automatically refreshed, and the refreshed screen will display the Responsible Person particulars that were added.

- (3) Repeat steps (1) to (2) to add other responsible person(s) information.

- (4) Click ‘**Next**’ button to go to **Supporting Documents** section.

### **Update Responsible Person(s)**

- (1) Click on the Responsible Person required amendment from the **Responsible Person List** table.

- (2) Make the required changes.

- (3) Click ‘**Update**’ button.

### **Remove Responsible Person(s)**

- (1) Click on the checkbox adjacent to the Responsible Person from the **Responsible Person List** table.

- (2) Click ‘**Remove**’ button to delete the Responsible Person.

For more information on Responsible Person, please refer to the [Guidance Notes on Duties of Responsible Persons Named In The Importer’s Licence and Wholesaler’s Licence](#) and Frequently Asked Questions (FAQ) for Responsible Person. These should be read in conjunction with the [Health Products \(Therapeutic Products\) Regulations 2016](#).

Fields marked with an asterisk \* are mandatory.

6. Responsible Person	
6.1 Is the responsible person a registered pharmacist? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
6.2 Pharmacist Registration Number(PRN): *	<input type="text"/>
6.3 Is the responsible person the same as the applicant? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
6.4 Name(as in NRIC/FIN): *	<input type="text"/>
6.5 NRIC/FIN: *	<input type="text"/>
6.6 Designation: *	<input type="text"/>
6.7 Contact Details	
6.7.1 Tel:*	<input type="text"/>
6.7.2 Fax:	<input type="text"/>
6.7.3 Handphone:	<input type="text"/>
6.7.4 Email:	<input type="text"/>
6.8 Please define the responsible person scope (eg Regulatory affairs, Quality control, division, etc) (if applicable):	<input type="text"/>
6.9 This responsible person is applicable for? *	<input checked="" type="checkbox"/> Therapeutic Products-Importer's Licence <input type="checkbox"/> Therapeutic Products-Wholesaler's Licence

Add Responsible Person

S/N	Select All	Name of Responsible Person	NRIC/FIN	Pharmacist Registration Number (PRN)	Scope	Applicable Licence(s)
1	<input type="checkbox"/>					Importer

Remove

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## Part 7. 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 **Confirmation and Declaration** section.

### Remove Attachment

- (1) Click on the checkbox beside the attachment or attachments from the **List of Attachments** table.
- (2) Click on the **Remove** button.

Fields marked with an asterisk \* are mandatory.

**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 Store Layout Plan : *	Choose File	No file chosen
7.2 Pharmacist Practising Certificate (applicable for responsible person who is a registered pharmacist) : *	Choose File	No file chosen
7.3 List of products to sell by wholesale :	Choose File	No file chosen
7.4 Good Distribution Practice Standard Operating Procedures :	Choose File	No file chosen
7.5 Good Distribution Practice Records or Recording Templates :	Choose File	No file chosen
7.6 Store Approval Letter :	Choose File	No file chosen
7.7 Other Supporting Documents :	Choose File	No file chosen

[Attach Files](#)

Select All to delete all attachment records

Sl#	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.

[Remove](#)

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

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 big (estimate about 2MB and above), the uploading time may be longer.

Documents to be submitted	Applicable for amendments to be made
Current Store layout plan for premise(s) specifying storage area(s)	Yes *, for addition of a new warehouse or change in location/address of current warehouse
Pharmacist Practising Certificate	Yes *, for addition of a new Responsible Person or change of the current Responsible Person to a new person who is a pharmacist
Authorization Letter from Product Registrant	Yes *, for addition of a new product not registered under your company
GDP Operating Procedures	Optional
GDP Records or Recording Templates	Optional
Store Approval Letter	Optional

\* denotes mandatory items

## Part 8. Confirmation

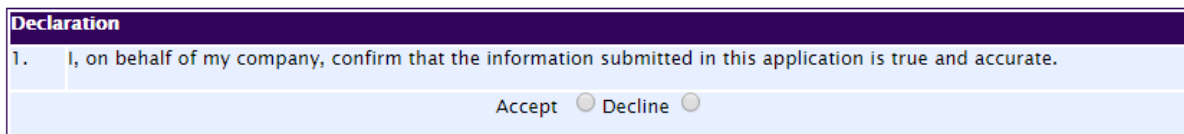
Once all the relevant sections are completed the confirmation page would display all the information from the sections earlier. Click **“Validate”** to check if all fields are filled up correctly.

Alternatively, you may select **“Save”** to save a copy of the draft application if you wish to complete the application at a later time.



## Part 9. Declaration

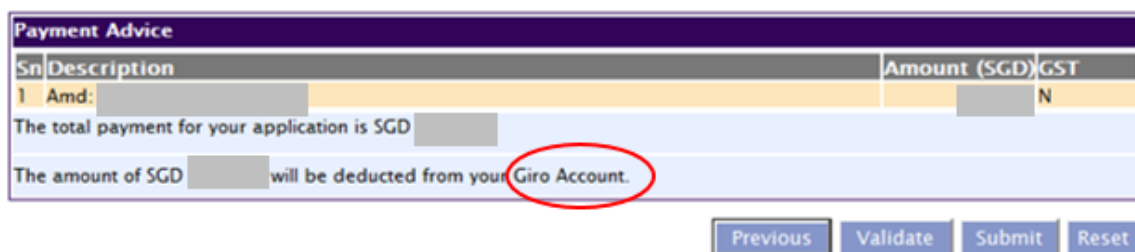
After validation is successful, you can read through the declaration section carefully before accepting to undertake the conditions. Then click **Submit**.



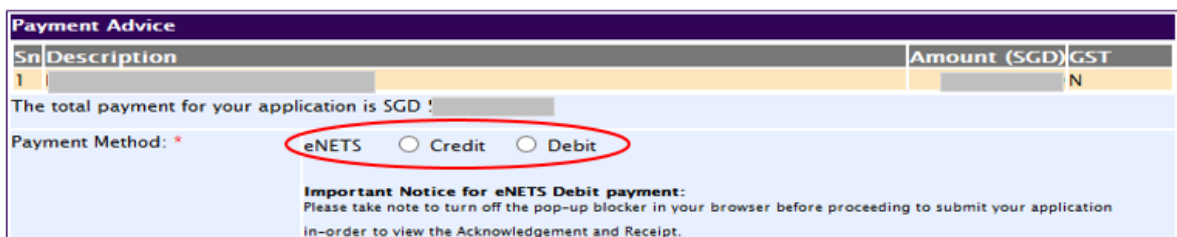
## Payment Advice

This section shows the application fee for the licence applied. There are 2 modes of payment available:

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



or



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.

- 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**

**MasterCard Verified by 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.

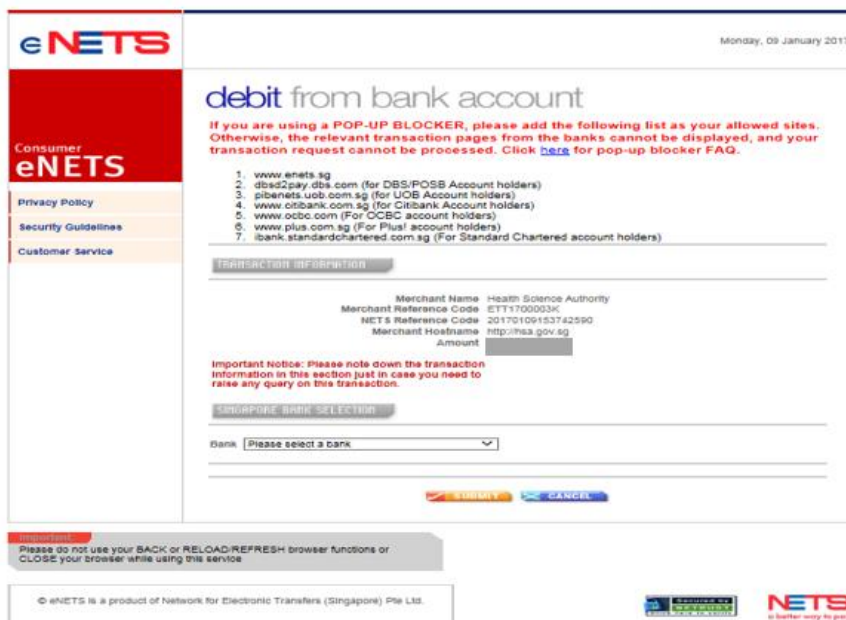
CVV / CVC2  [What is CVV/CVV2/CID]

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](#).

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.

- www.enets.sg
- dbad2pay.dbs.com (for DBS/POSB Account holders)
- piবেনেটস.ub.com.sg (for UOB Account holders)
- www.citibank.com.sg (for Citibank Account holders)
- www.ocbc.com (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	<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

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.

NETS is better way to pay.

**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.sg

TRANSACTION INFORMATION

<p><small>Merchant Name</small> Health Sciences Authority</p> <p><small>Merchant Reference Code</small> ECT1700002K</p> <p><small>NETS Reference Code</small> 20170109152942902</p> <p><small>Amount</small> SGD 500.00</p>	<p style="font-size: x-small; margin: 0;">MasterCard Verified by SecureCode VISA</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 / CVV2  [What is CVV/CVV2/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](#).

Fast, Secure  
& Hassle-free  
transactions

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

**eNETS** 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

Official Receipt - HSA0000000000002 - Microsoft Internet Explorer

TAX INVOICE / RECEIPT

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

Sno Code/Description	Unit Price(\$)	Qty	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total (\$):			[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: 20161201162117807  
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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**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

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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 [redacted]**

**Acknowledgement**

Your application have been successfully submitted

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

Client Code : [redacted]  
Licensee 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](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 Pharmacy Licence (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 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	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 Secondary 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]

- 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-ust.hsa.gov.sg/prism/common/InputReqActList/list.do?action=list&irType=S&app\\_no=1600771U&eServices=130&NOTI](https://www-ust.hsa.gov.sg/prism/common/InputReqActList/list.do?action=list&irType=S&app_no=1600771U&eServices=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.			

## **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 : (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.