NEW APPLICATION FOR LICENCE TO KEEP AND SELL CONTROLLED DRUGS BY WHOLESALE

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: *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 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:

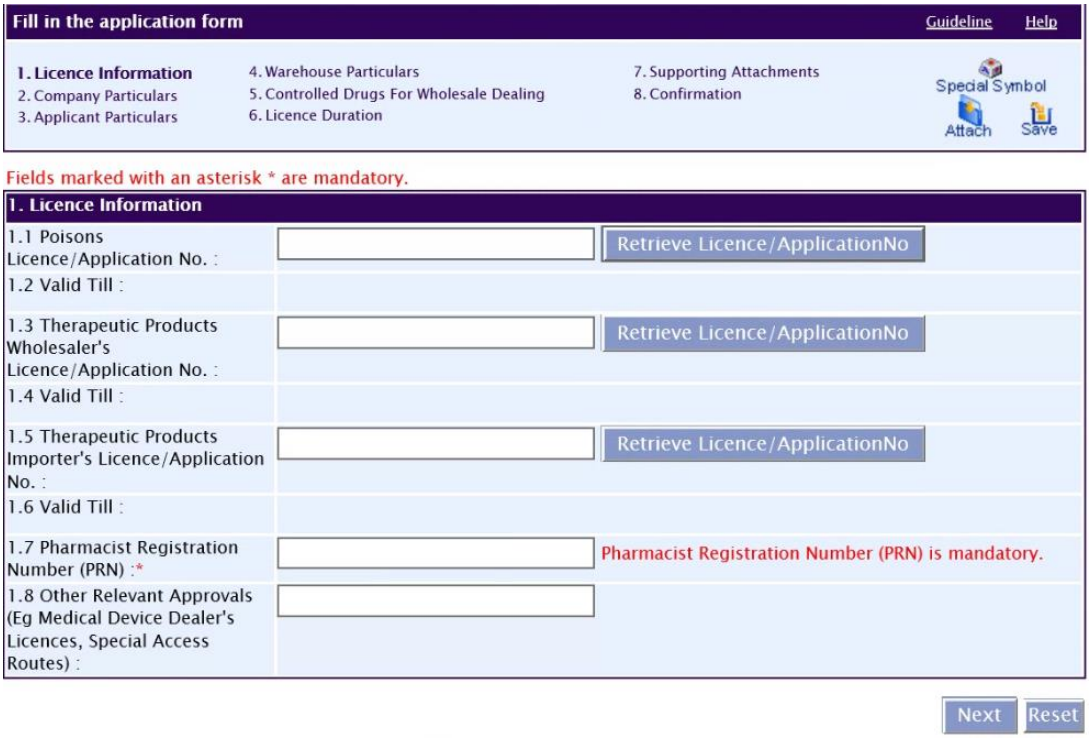
   - GIRO
   - Non-GIRO: eNETS (Credit/Debit Card)

   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

Part 1. Licence Information

This section requires the applicant to enter the **Pharmacist Registration Number (PRN)**. If there is relevant licence or application number, enter the number and click **'Retrieve Licence / Application No'.** The information regarding the licence or application will be displayed.



Click **'Next'** button to proceed to **Part 2. Company Particulars** section.

Part 2. Company Particulars

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

(1) Company details such as **Name**, **Address**, **Telephone** and/or **Fax** will be pre-populated based on the registered CRIS records.

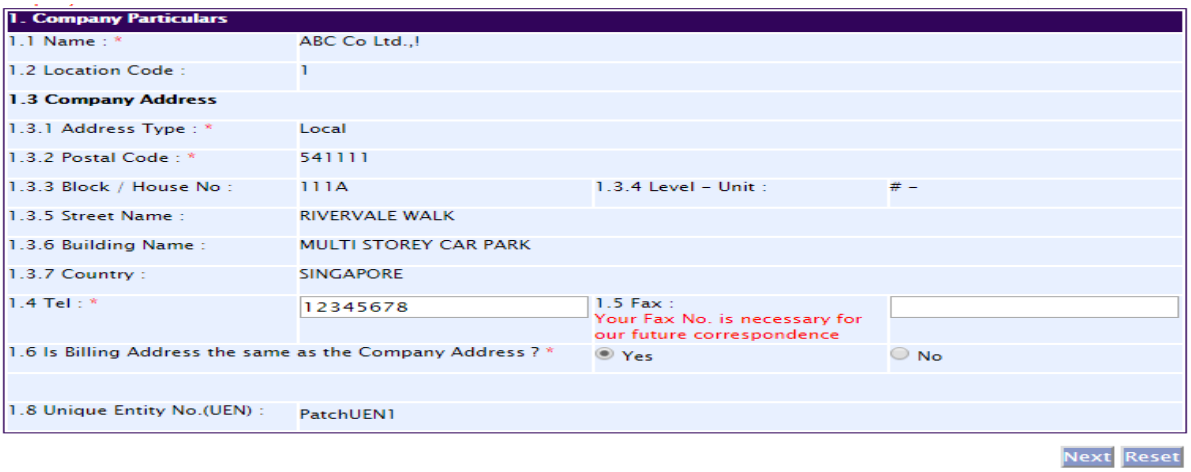
If you need to makes changes to this information, please submit the changes via the **"Amend Company Information"** module under the amend@prism on PRISM e-Service webpage.

(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 3. Applicant Particulars** section.



1. Company Particulars			
1.1 Name : *	ABC Co Ltd.,!		
1.2 Location Code :	1		
1.3 Company Address			
1.3.1 Address Type : *	Local		
1.3.2 Postal Code : *	541111		
1.3.3 Block / House No :	111A	1.3.4 Level – Unit :	# –
1.3.5 Street Name :	RIVERVALE WALK		
1.3.6 Building Name :	MULTI STOREY CAR PARK		
1.3.7 Country :	SINGAPORE		
1.4 Tel : *	12345678	1.5 Fax : Your Fax No. is necessary for our future correspondence	
1.6 Is Billing Address the same as the Company Address ? *	Yes	No	
1.8 Unique Entity No.(UEN) :	PatchUEN1		

Next Reset

Part 3. Applicant Particulars

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

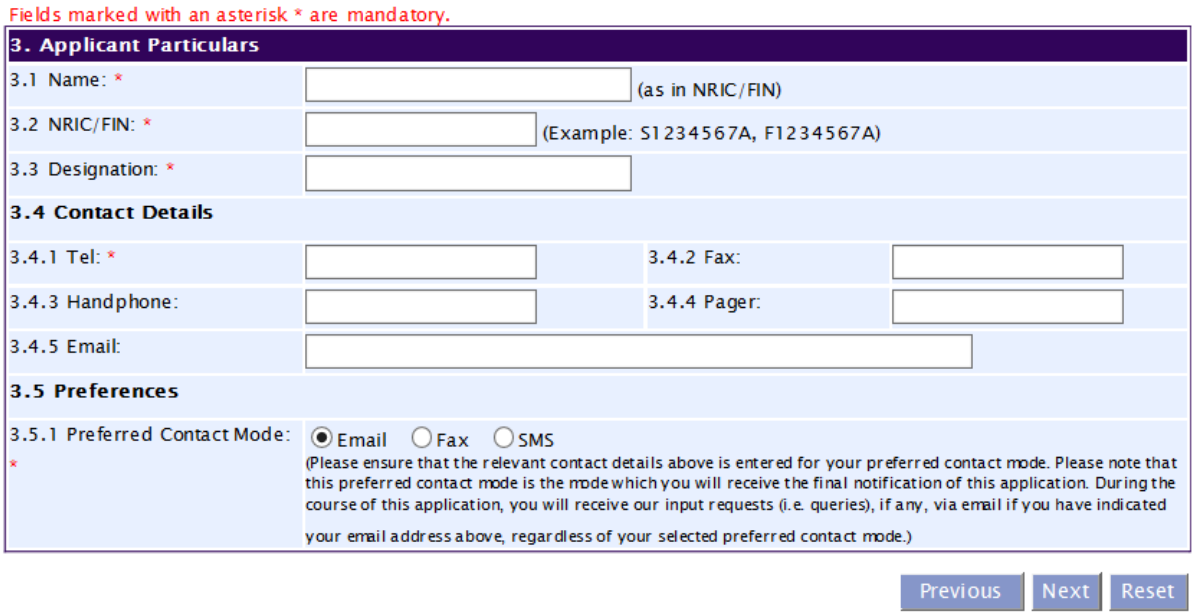
(1) Applicant details such as **Name**, **NRIC / FIN**, **Designation**, **Telephone/Fax/Handphone** number and **e-mail address**.

(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 4**. **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.)		

Previous Next Reset

Part 4. Warehouse Particulars

This section requires the applicant to enter the particulars of the warehouse facility. To enter address,

(1) Fill in **Postal Code** and click **'Retrieve Address'**. The **Block/House No**, **Street Name** and **Building Name** will be populated.

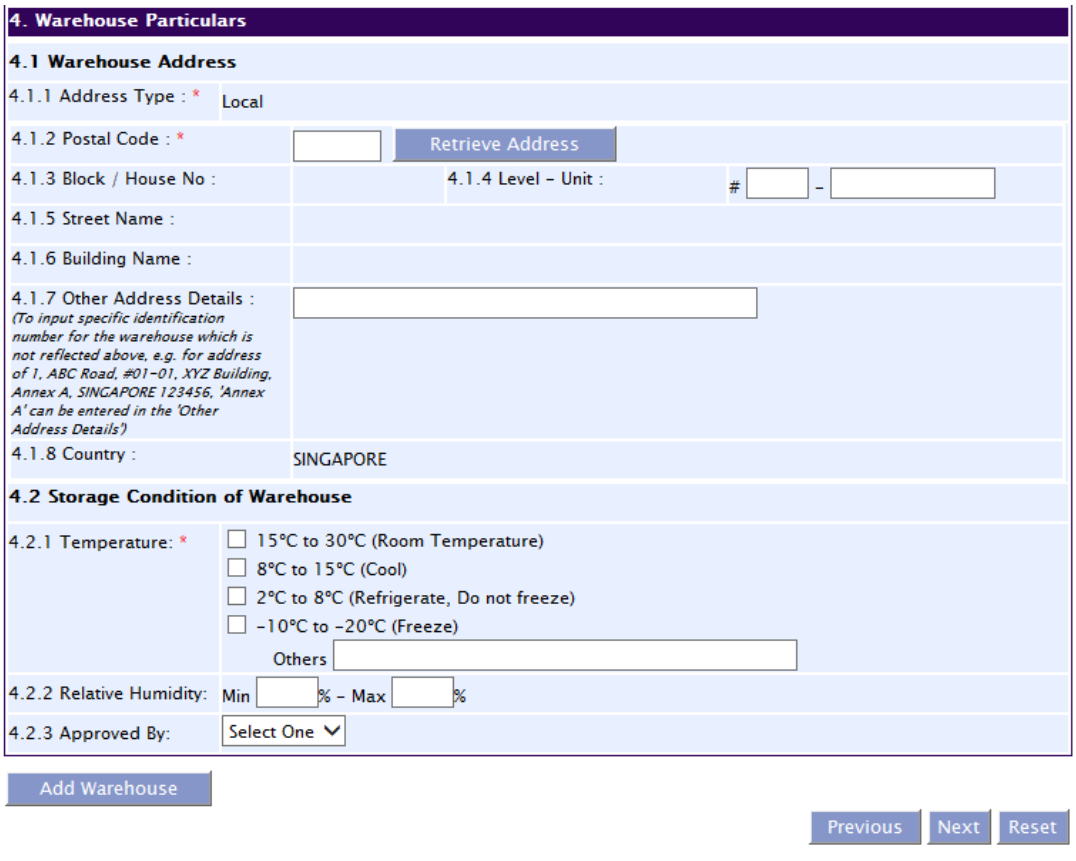
(2) Fill in **'Level-Unit'** and any additional detail relating to the company in **Other Address Details**. *(If applicable)*

Section 4.2 requires the applicant to furnish the **Storage Conditions** such as temperature and relative humidity of the warehouse. More than one option for the warehouse temperature can be selected.

The details of the agency/institution that approves the use of the warehouse for the storage of health products should also be provided.

After completing sections 4.1 and 4.2, click **'Add Warehouse'** to save the warehouse details. If there is more than one warehouse to be entered, repeat the above steps to add further warehouses after adding the first warehouse.

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

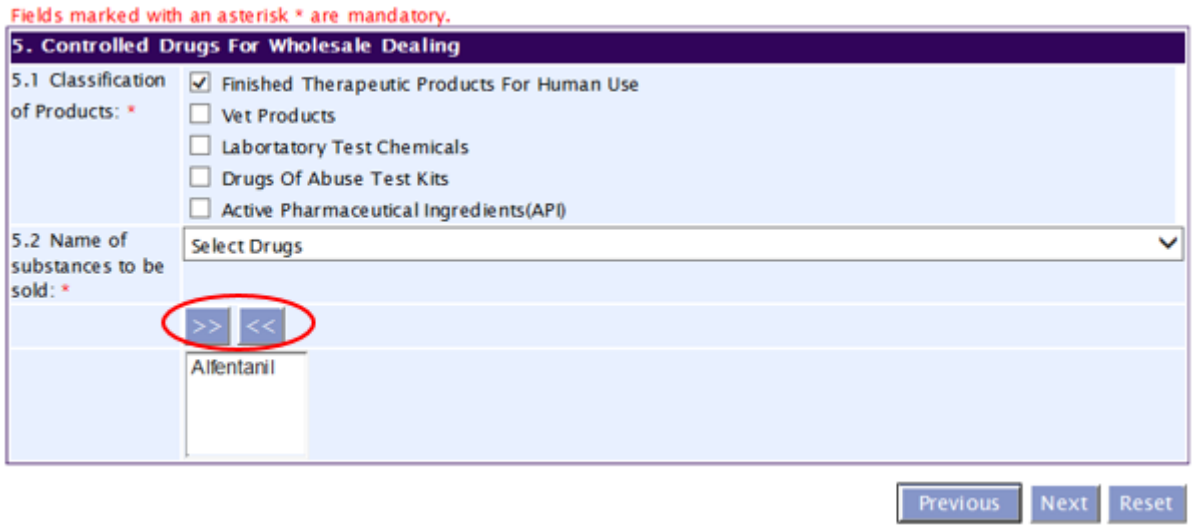


Click 'Next' button to proceed to Part 5. Controlled Drugs for Wholesale Dealing section.

Part 5. Controlled Drugs for Wholesale Dealing

For Section 5.1, select the class(es) of products containing controlled drugs to be sold by wholesale.

For section 5.2, select the names of the controlled substances your company deals with. After each selection from the list, click the double arrows to the right to add the substance to the bottom box. Multiple substances can be added.



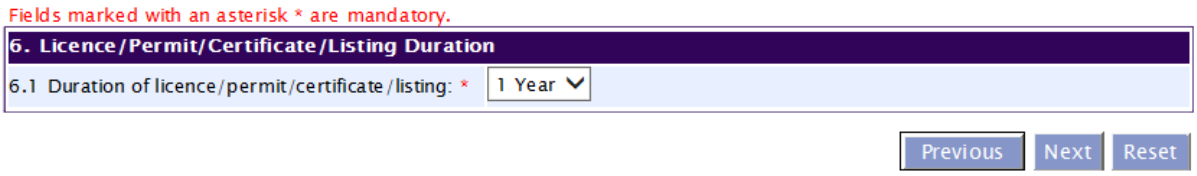
To remove a substance, select the substance in the box and click the double arrows to the left.

Click **'Next'** to proceed to **Part 6. Licence Duration** section.

Part 6. Licence Duration

The licence duration of one year by default is displayed for your verification.

Click 'Next' to proceed to Part 7. Supporting Attachments section.



Part 7. Supporting Attachments

This section allows the attachment of supporting documents for the application. For applications for licences to keep and sell controlled drugs by wholesale, please attach the following:

- List of controlled drugs (CDs) to sell by wholesale
- Standard Operating Procedures for handling of CDs
- Store layout plan with warehouse address (including floor and unit number) and clear indication of CD storage area(s)
- Pharmacist Practicing Certificate
- Copy of requisition form
- Controlled Drug register
- Any other supporting documents

To Add Supporting Attachments:

(1) Click '**Browse'** to select the required file for attachment.
(2) Select the required file.
(3) Click '**Ok'**.
(4) Click '**Attach File'** for the file to be attached to this application.
(5) Fill up remarks with regards to the attachment if required.

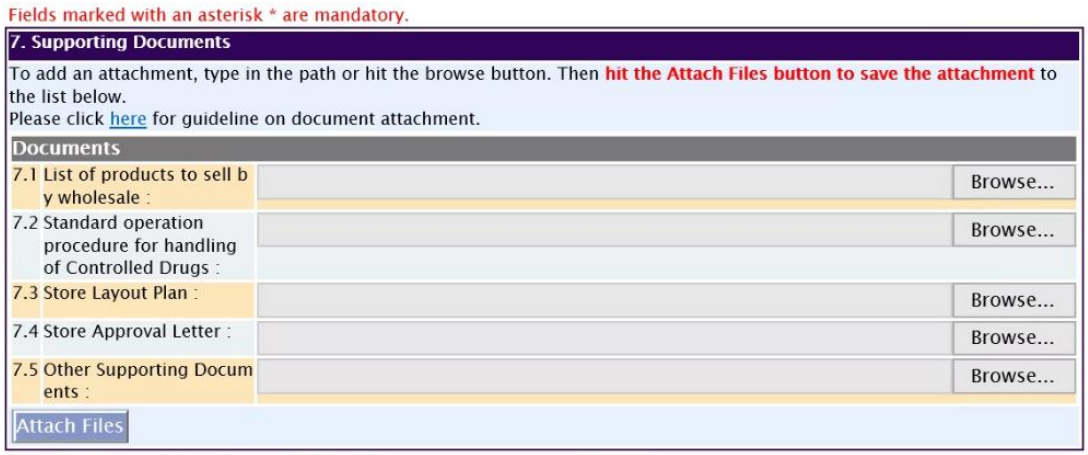
(6) Click **'Next'** to proceed to **Part 8 Confirmation** section.

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 **'Remove'**.



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

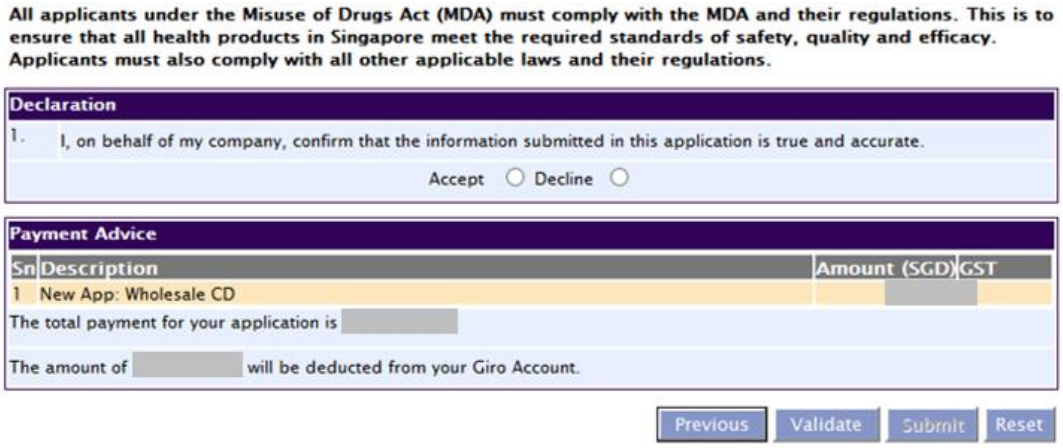
This section shows the information provided in all sections of the Application Form for a Licence to Keep and Sell Controlled Drugs by Wholesale.

(1) The applicant is required to confirm that the information provided in all sections are correct and click **'Validate'**.

*(Note: Applicant may click **'Save'** 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 **'Submit'** to submit the application.

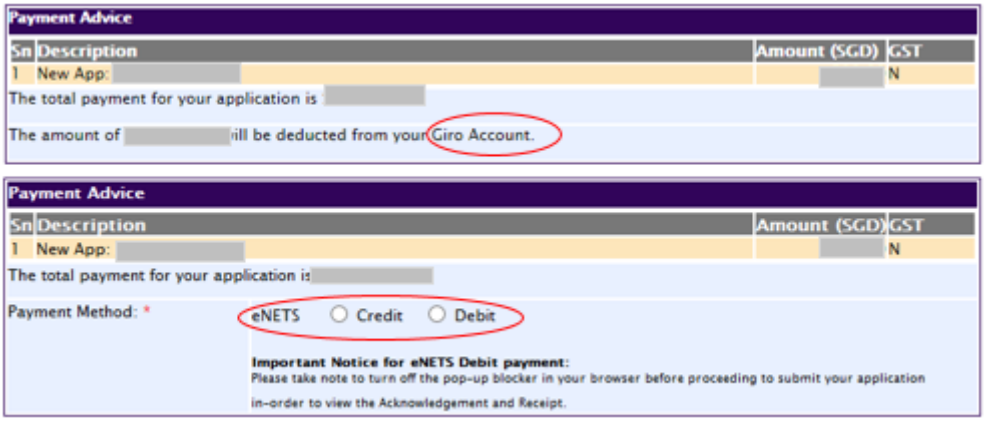


Payment Advice

This section shows the application fee for the licence applied.

There are 2 modes of payment available:

- GIRO
- eNETS



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

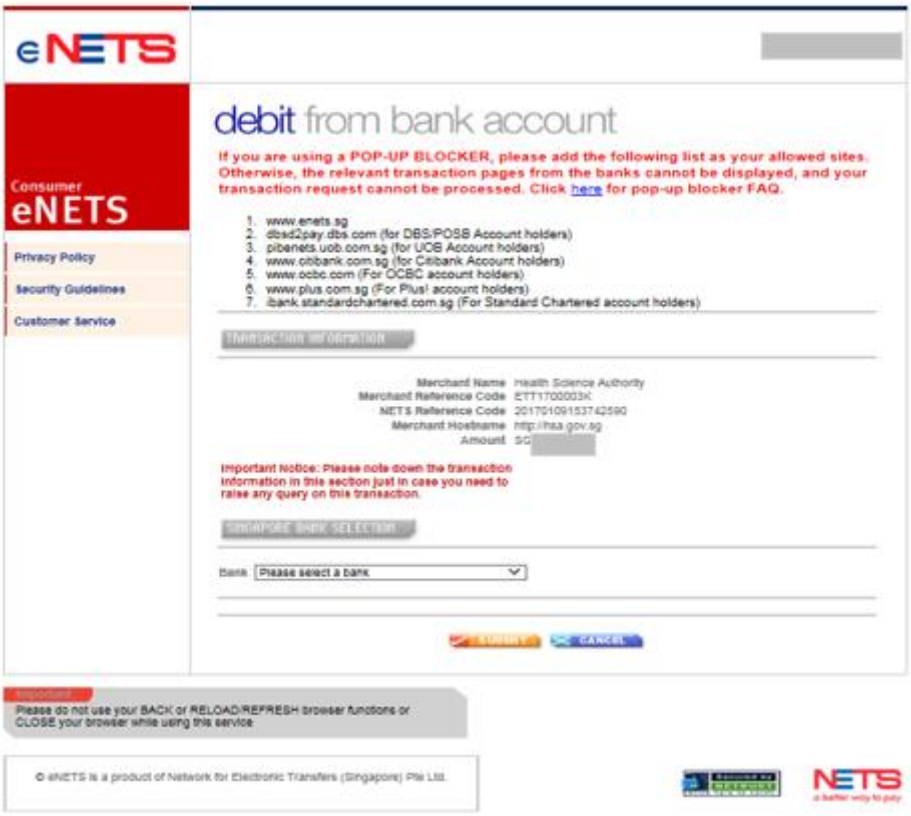
For eNETS, the payment choice is either Credit Card or Debit Card.

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

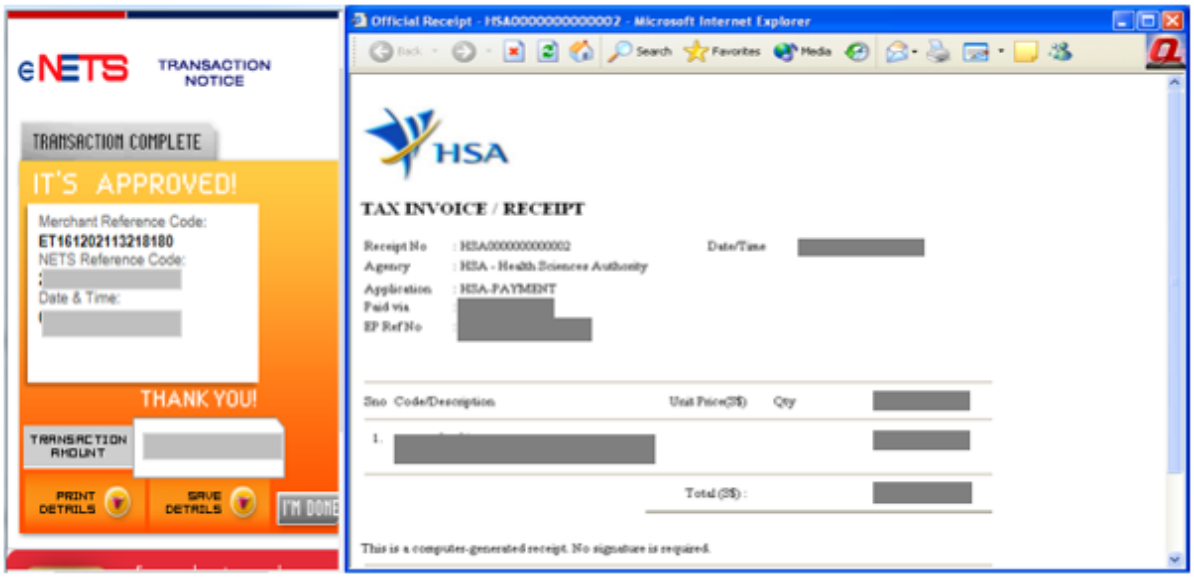
If the Credit option is selected, the page will be re-directed to the relevant screen for the applicant to input the credit card details.



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.



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.

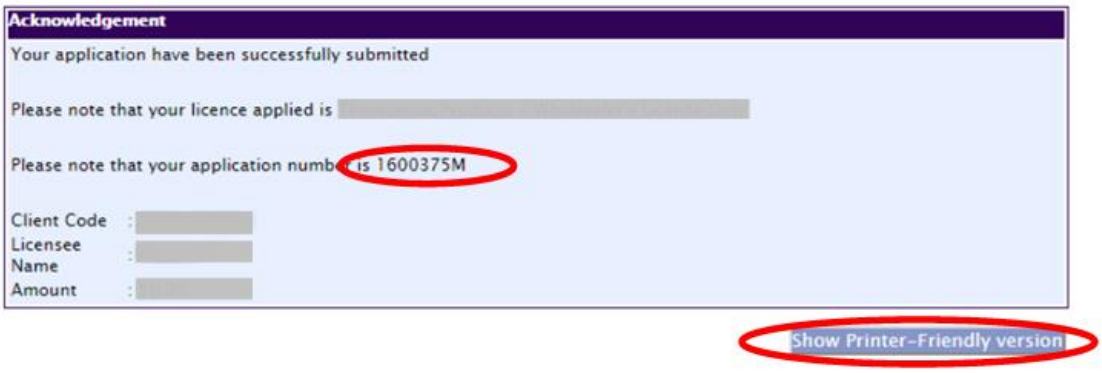


To submit the completed application, click the **'Submit'** button. Applicant will be prompt to confirm the submission. The application will then be submitted to HSA for the relevant personnel's processing.

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.



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

Other Useful Information

1. You may check on the status of your application upon submission at track@prism.

2. Kindly contact the HSA Helpdesk if you encounter any technical issues (IT problems) during the application submission.

   HSA HelpDesk
   Tel : 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 or write to: https://crm.hsa.gov.sg/event/feedback.aspx