

## **NEW APPLICATION FOR IMPORTER'S LICENCE AND/OR WHOLESALE'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 [apply@prism](mailto: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 areas.  
The layout floor plan will need to have the following information:
    - (i) The company name and 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) **Pharmacist Practising Certificate**, if the Responsible Person is a registered pharmacist.
  - (C) **Authorisation Letter** from Product Registrant, if your products are not registered under your company (only applicable for importer's licence application).
  - (D) **List of products to wholesale** (only applicable for wholesaler's licence application).
  - (E) **Good Distribution Practice (GDP) Standard Operating Procedures**.<sup>^</sup>
  - (F) **GDP records** or recording templates.<sup>^</sup>
  - (G) **Store approval letter**.
  - (H) **Contract with contract acceptor** for outsourced activity which clearly establishes the roles and responsibilities of each party, if applicable.
  - (I) **Other supporting documents**, if applicable.

<sup>^</sup>**Note:** Documents should be prepared in accordance with the requirements stipulated in the [HSA Guidance Notes on Good Distribution Practice](#).

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.

<sup>^</sup>**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. Application Details

This section allows the selection of the licence for submission.

- (1) Select **Licence Applied**. The screen will be refreshed accordingly.

You can refer to the following table when selecting the licence:

Selection of Licence	Applicable for Companies
Therapeutic Products – Importer’s Licence <sup>1</sup> (TPIL) Only	<ul style="list-style-type: none"> <li>Conduct import of TP only</li> <li>Conduct import for Restricted Activities<sup>2</sup> only such as:               <ul style="list-style-type: none"> <li>a) Import TP solely for re-export only;</li> <li>b) Import TP for supply to ships/aircraft</li> <li>c) Import TP for non-clinical use</li> </ul> </li> </ul>
Therapeutic Products – Wholesaler’s Licence (TPWL) Only	<ul style="list-style-type: none"> <li>Wholesaling of TP only</li> </ul>
Therapeutic Products – Importer’s Licence and Wholesaler’s Licence (TPIL & TPWL)	<ul style="list-style-type: none"> <li>Importing of unregistered TP for patients’ use</li> <li>Conduct both import and wholesaling of TP, and others (see a, b, &amp; c above)</li> </ul>

Note: - [1] Please refer to the [ICA website](#) for details on the checkpoints where the therapeutic products may be imported.

[2] Do not need to apply for TPWL.

Fields marked with an asterisk \* are mandatory.

1. Application Details	
1.1 Licence Applied: *	<input type="radio"/> Therapeutic Products – Importer’s Licence Only <input type="radio"/> Therapeutic Products – Wholesaler’s Licence Only <input type="radio"/> Therapeutic Products – Importer’s Licence and Wholesaler’s Licence

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- (2) If you are applying for ‘Importer’s Licence and Wholesaler’s Licence’ or ‘Wholesaler’s Licence Only’, the subsections (3) and (4) are not applicable. Please proceed to (5).
- (3) If you are applying for ‘Importer’s Licence Only’, select ‘Full Scope’ or ‘Limited Scope’ for the Importer’s Licence.

Selection of Licence Scope	Applicable for Companies
Full Scope	<ul style="list-style-type: none"> <li>Importing of registered TP and others, such as               <ul style="list-style-type: none"> <li>a) Import TP solely for re-export only;</li> <li>b) Import TP for supply to ships/aircraft</li> <li>c) Import TP for non-clinical use</li> </ul> </li> <li>Importing of unregistered TP for patients’ use and others</li> </ul>
Limited Scope	<ul style="list-style-type: none"> <li>Importing for Restricted Activities only (see a, b, &amp; c above)</li> </ul>

## Therapeutic Products – Importer’s Licence Only

Fields marked with an asterisk \* are mandatory.

1. Application Details	
1.1 Licence Applied: *	<input checked="" type="radio"/> Therapeutic Products – Importer’s Licence Only <input type="radio"/> Therapeutic Products – Wholesaler’s Licence Only <input type="radio"/> Therapeutic Products – Importer’s Licence and Wholesaler’s Licence
1.2 Licence Type	
1.2.1 Importer: *	<input type="radio"/> Full Scope <input checked="" type="radio"/> Limited Scope <input type="radio"/> Term (Annual) <input type="radio"/> Consignment (per consignment only)
1.3 Licence Duration	
1.3.1 Importer:	

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- (4) Select ‘Term (Annual)’ or ‘Consignment (per consignment only)’ if you have selected ‘Limited Scope’ in (3) above.

Selection of Licence Type	Applicable for Companies	Validity of Licence
Term (Annual)	<ul style="list-style-type: none"> <li>Importing of registered TP</li> <li>Importing of unregistered TP for patients’ use</li> <li>Importing for Restricted Activities for more than 1 occasion in a year</li> </ul>	1 year (renewable)
Consignment (per consignment only)	Importing for Restricted Activities on a one-off occasion	6 month and for a specific consignment

- (5) Click ‘**Next**’ button to go to the **Company Particulars** section.

### Part 2. Company Particulars

- (1) Details such as **Name** of company and **Company Address** will be populated on screen 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](mailto:amend@prism) on PRISM e-Service webpage.

Input the information of **Tel.**

- (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:	Auto Populated		
<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 Is Billing Address the same as the Company Address? *	<input checked="" type="radio"/> Yes		<input type="radio"/> No
2.7 Unique Entity No.(UEN):	Auto Populated		

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### **Part 3. Applicant Particulars**

This section allows the input of applicant particulars.

- (1) Fill in **Name**, **ID No** and **Designation**.
- (2) Fill in the **Contact Details** and **Preferred Contact Mode**.
- (3) Click '**Next**' button to go to **Warehouse Particulars** section.

Fields marked with an asterisk \* are mandatory.

3. Applicant Particulars	
3.1 Name: *	<input type="text"/> (as in NRIC/FIN)
3.2 NRIC/FIN: *	<input type="text"/> (Example: S1234567A, F1234567A)
3.3 Designation: *	<input type="text"/>
3.4 Contact Details	
3.4.1 Tel: *	<input type="text"/>
3.4.2 Handphone:	<input type="text"/> 3.4.3 Pager: <input type="text"/>
3.4.4 Email:	<input type="text"/>
3.5 Preferences	
3.5.1 Preferred Contact Mode: *	<input type="radio"/> Email <input type="radio"/> 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 allows the input of warehouse particulars.

### **Add 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** field and any additional detail relating to the warehouse 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.

(Note: If you are applying for TPWL only, the next section will be **Wholesaler's Licence** section.)

### **Update Warehouse(s)**

(1) Click on the warehouse requiring 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: \*

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

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

## Part 5. Importer's Licence Details

This section allows the input of particulars of products to be imported.

- (1) Select **Aspect of Importation**.

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

If 'Registered Therapeutic Products' is selected, proceed to (2) to (4). Otherwise, proceed to (5).

- (2) Fill in Product Registration Number and click **'Retrieve Product'** button.

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

- (3) Click **'Add Product'** button.

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

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

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

(5) Click **'Next'** button to go to the **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: *	<input type="checkbox"/> Registered therapeutic products <input type="checkbox"/> Therapeutic products on a consignment basis <input type="checkbox"/> Unregistered therapeutic products for patients' use <input type="checkbox"/> Therapeutic products solely for export only <input type="checkbox"/> Therapeutic products for supply to ships and/or aircraft <input type="checkbox"/> Therapeutic products for non-clinical purposes <input type="checkbox"/> Other specific activity
<b>5.2 Particulars of Products to be Imported</b>	
5.2.1 Product Registration Number: *	<input type="text"/> <a href="#">Retrieve Product</a>
5.2.2 Name of Product:	<input type="text"/>
5.2.3 Country of Manufacture:	<input type="text"/>
5.2.4 Rentention Date of Product Registration:	<input type="text"/>
5.2.5 Forensic Classification:	<input type="text"/>
5.2.6 Name of Product Registrant:	<input type="text"/>
<a href="#">Add Product</a> <a href="#">New</a>	

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### **Part 6. Wholesaler's Licence Details**

This section allows the input of wholesale dealing particulars.

- (1) Select **Aspect of Wholesaler Dealing**.  
If 'Registered Therapeutic Products' is selected, proceed to (2). Otherwise, proceed to (3).
- (2) Select **Forensic Classification of Registered Products**.
- (3) Click **'Next'** button to go to the **Responsible Person** section.

Fields marked with an asterisk \* are mandatory.

6. Wholesaler's Licence Details	
6.1 Aspect of Wholesaler Dealing: *	<input type="checkbox"/> Registered therapeutic products <input type="checkbox"/> Unregistered therapeutic products for patients' use <input type="checkbox"/> Other specific activity
6.2 Forensic Classification of Registered Products: *	<input type="checkbox"/> Prescription-only medicines <input type="checkbox"/> Pharmacy-only medicines <input type="checkbox"/> General Sale List medicines

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## **Part 7. Responsible Person**

This section allows the input of details of Responsible Person.

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

- (1) Fill in the details of the **Responsible Person** and contact information.
- (2) 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
- (3) Click '**Add Responsible Person**' button.  
The screen will be automatically refreshed, and the refreshed screen will display the Responsible Person particulars that were added.
- (4) Repeat steps (1) to (3) to add other responsible person(s) information.
- (5) Click '**Next**' button to go to the **Supporting Documents** section.

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

- (1) Click on the Responsible Person requiring 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](#). 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 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 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 Handphone:	<input type="text"/>
6.7.3 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-Importers Licence <input type="checkbox"/> Therapeutic Products-Wholesalers Licence

[Add Responsible Person](#)

## **Part 8. 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-out 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.

### **Remove Attachment**

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

**8. 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**

8.1 Store Layout Plan : *	Choose File	No file chosen
8.2 Pharmacist Practising Certificate (applicable for responsible person who is a registered pharmacist):	Choose File	No file chosen
8.3 Authorisation letter from product registrant :	Choose File	No file chosen
8.4 List of products to sell by wholesale :	Choose File	No file chosen
8.5 Good Distribution Practice Standard Operating Procedures :	Choose File	No file chosen
8.6 Good Distribution Practice Records or Recording Templates :	Choose File	No file chosen
8.7 Store Approval Letter :	Choose File	No file chosen
8.8 Other Supporting Documents :	Choose File	No file chosen

[Attach Files](#)

Select All to delete all attachment records

Sn	Attachment Name	Attachment Type	Size (Kb)	Remarks
1				

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

[Remove](#)

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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	Application for Importer's Licence (IL)	Application for Wholesaler's Licence (WL)
Current Store layout plan for premise(s) specifying storage area(s)	Yes *	Yes *
Pharmacist Practising Certificate	Yes, for Responsible Person who is a pharmacist	Yes, for Responsible Person who is a pharmacist
Authorisation Letter from Product Registrant	Yes *, for products not registered under your company	No
List of products to wholesale	No	Yes
GDP standard operating procedures	Yes	Yes
GDP records or recording templates	Yes	Yes
Store Approval Letter	Yes	Yes
Contract with contract acceptor	Yes *, for outsourced activity	Yes *, for outsourced activity

\* denotes mandatory items

## Part 9. Confirmation

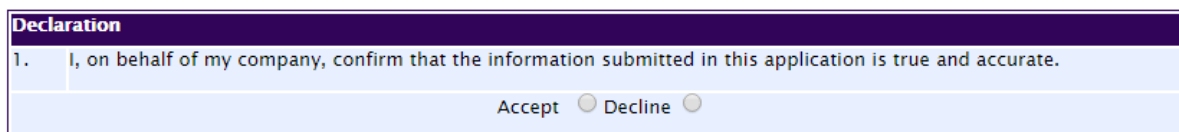
Once all the relevant sections are completed the confirmation page would display all the information from the sections earlier. Click **'Validate'** to check if all fields are filled up correctly.

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 10. Declaration

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



## Payment Advice

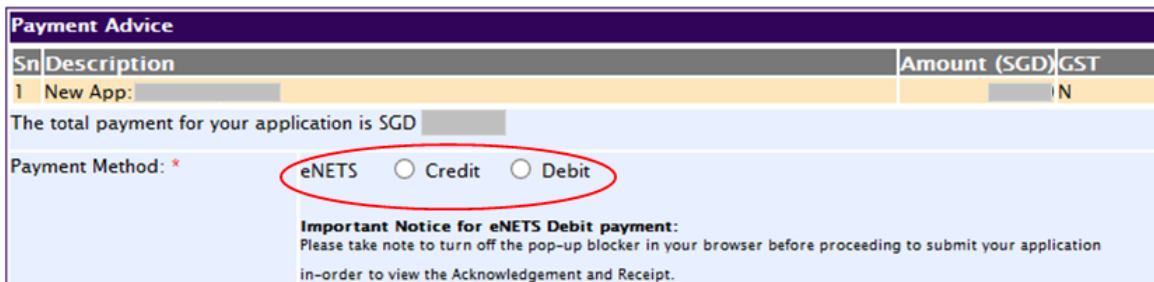
This section shows the application fee for the licence applied.

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 page from the banks may not be displayed, or your transaction request may not be completed.

1. www.enets.sg

**TRANSACTION INFORMATION**

Merchant Name	Health Sciences Authority
Merchant Reference Code	ECT1700002K
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**

Name on Card

Card Number

Please note that the Credit Card Number should be 13 or 16 digits. Please input your card number without space or dash.

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


Expiry Date Month  (eg: 2017)

**I have read, understood and accepted the following:**

- The return & refund policy for the purchase of relevant products / services.
- The collection, use, disclosure and sharing of this information, which to the best of my knowledge and belief is true and accurate and is for purposes reasonably required to process my application which are set out in [NETS' Data Protection Policy](#).

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.


Monday, 09 January 2017

Consumer  
eNETS

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## 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. dbss2pay.dbs.com (for DBS/POSB Account holders)
3. gibenet.ub.com.sg (for UOB Account holders)
4. www.citibank.com.sg (for Citibank Account holders)
5. www.ocbc.com (For OCBC account holders)
6. www.plus.com.sg (For Plus! account holders)
7. ibank.standardchartered.com.sg (For Standard Chartered account holders)

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**TRANSACTION INFORMATION**

Merchant Name	Health Science Authority
Merchant Reference Code	ETT170003K
NET S Reference Code	20170109153742590
Merchant Hostname	http://hsa.gov.sg
Amount	

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

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**SINGAPORE BANK SELECTION**

Bank Please select a 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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Monday, 09 January 2017

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eNETS

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## credit/debit card payment

If you are using a pop-up blocker, please add the following list as your allowed sites. Otherwise, the relevant transaction pages from the banks may not be displayed, or your transaction request may not be completed.

1. www.enets.sg

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**TRANSACTION INFORMATION**

Merchant Name	Health Sciences Authority
Merchant Reference Code	ETT170002K
NET S Reference Code	20170109153942902
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.

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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 Month  (eg: 2017)

I have read, understood and accepted the following:

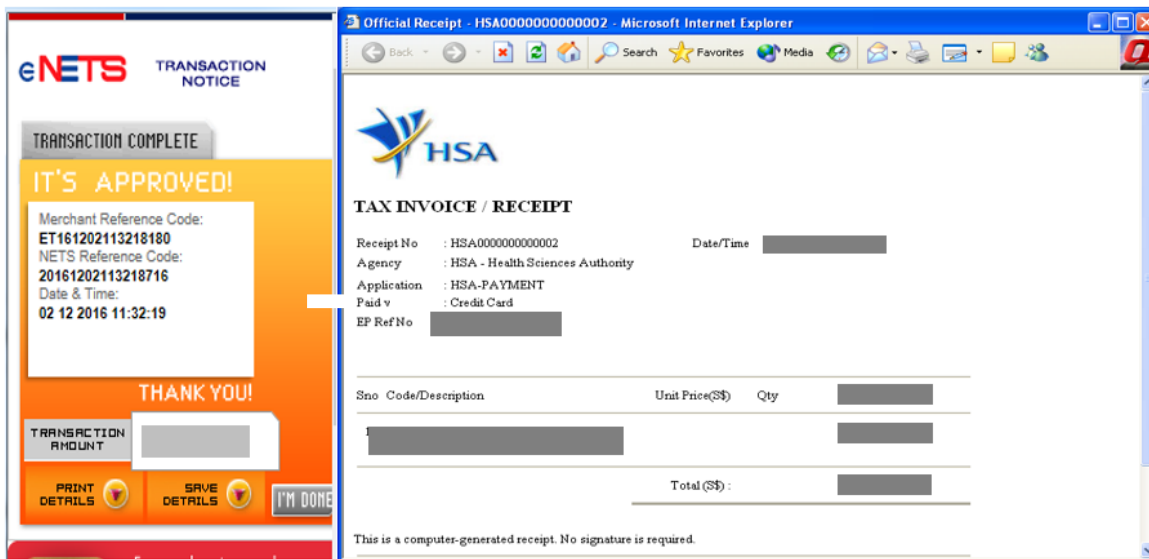
- The return & refund policy for the purchase of relevant products / services.
- The collection, use, disclosure and sharing of this information, which to the best of my knowledge and belief is true and accurate and is for purposes reasonably required to process my application which are set out in [NETS' Data Protection Policy](#).

SUBMIT
CANCEL

Fast, Secure & Hassle-free transactions



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 '**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.



PR1001 APPLICATION FOR THERAPEUTIC PRODUCTS - COMBINED LICENCE

**Acknowledgement**

Your application have been successfully submitted

Please note that your licence applied is [REDACTED]

Please note that your application number is 1600375M

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 TP Licence Application Form.

A notification will be sent to the applicant to inform the applicant to log on to [track@prism](http://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](http://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)

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

- (4) Proceed to make the necessary changes for the section(s) that requiring amendment, click '**Save**' button and submit the revised application form.

## Responding to Secondary Input Request

- (1) 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

- (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 do not access the record using the new window via right mouse click.

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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 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]

- (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](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

Action List			
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 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 : 6776 0168 (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.