



# Pharmaceutical Establishment Licensing Request

User Manual



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# 1. Registration

You can create or a register a new account to use in the system using two different types: Individual and Company. You start from the Login page as shown below:

	8	
	Login with Mobile PKI	
To use this	login method, you need a PKI enabled	d SIM card
	Learn More	
	Enter Mobile Number	$\supset$
	Login	
	Login	
Click your mobile number and click	Login	, when the system recognizes that it

is not registered in the system, it will navigate you to the following page:

	Select Account Type	
	Individual The user should have a valid civil ID, email and phone number	>
ð	Company The company must have a valid CR registered in MOCI system and the user must be registered as a signatory/authorized for the selected CR	>

You can select an account type by simply clicking on any of them.



# 1.1 Register an Individual Account

The user should have a valid civil ID, email and

To register an individual account, follow the steps below:

Individual

phone number

#### 1. Click on

, and following page appears:

Person Identity					
D Card Number	89177579	ID Expiry Date *	dd-mm-yyyy	<b>m</b>	
					Verify O

>

- 2. Enter your resident card number and expiry date.
- 3. Click verify Q, and the system will retrieve your information automatically as shown below:

ID Card Number		ID Supiry Date		00	
D Card Number	_	ID Expiry Date *			Verify
Personal Informa	tion				
Full Name (En)		Date of Birth	03-01-1986	<b>m</b>	
ull Name (Ar)		Gender	Male	~	
lationality	JORDANIAN	Age	37		
Governorate	Muscat 🗸	Willayat	Select Willayat	~	
Village	Select Village 🗸 🗸				
-mail address	Email address		OTP		
Mobile * Mobile Number			OTP *		
Language *	Preferences Englis Arabi c Ø SMS Email				
Method	SMS				

- 4. Enter the location which consists of Governorate, Wilaya, and village.
- 5. Enter email address and mobile number, then click Send OTP for both platforms, and then enter the OTP which you have received on both platforms.



- 6. Select the communication language if it's in Arabic or English.
- 7. Select the communication method if it's by SMS or Email or both.
- 8. Click save , and a message appears indicating that the account has been successfully registered.

### 1.2 Register a Company Account

To register a company account, follow the steps below:

Click on	ð	Company The company must have a valid CR registered in MOCI system and the user must be registered as a signatory/authorized for the selected CR	>	, and the following page appears:	
Company		ation			
		rcial Register			

2. Enter the CR number and then click the verify Q button, and the system will retrieve your company's information as shown below:

Corporate Commerci	al Register				
CR Number *	119				
					Verify Q
Corporate Informatio	n				
Company Name (En)			Company Name (Ar)		
CR Status	Valid		CR Expiry Date	04/23/2024	<b>m</b>
Person Identity					
ID Card Number 9		ID Expiry Date *	06-03-2027	<u> </u>	Verify Q

3. Then you need to enter the person's information by entering the resident card number and expiry date, then click verify q and the system will retrieve the person's information automatically as shown below:

Personal Information       Full Name (En)     Date of Birth     03-01-1986       Full Name (Ar)     Gender     Male       Nationality     JORDANIAN     Age     37       Sovernorate     Muscat     Villayat     Select Willayat     V	Verify Q	Person Identity						
Personal Information       ull Name (En)     Date of Birth     03-01-1986       ull Name (Ar)     Gender     Male       Iationality     JORDANIAN     Age     37       iovernorate     Muscat     Villayat     Select Willayat     V	1986	D Card Number			ID Expiry Date *		<b>#</b>	
Gender     Male       Nationality     JORDANIAN       JORDANIAN     Age       Sovernorate     Muscat       Select Village	✓ Willayat ✓							Verify Q
Gender     Male       Nationality     JORDANIAN       JORDANIAN     Age       Sovernorate     Muscat       Select Village	✓ Willayat ✓	Personal Informa	tion					
Nationality     JORDANIAN     Age     37       Sovernorate     Muscat     Villayat     Select Willayat     Villayat		Full Name (En)			Date of Birth	03-01-1986	<b></b>	
Governorate Muscat  Village Village  Village  Village  Village		Full Name (Ar)			Gender	Male	*	
Village V		Nationality JORDANIAN V		~	Age	37		
Village Select Village  Contact Details		Governorate	Muscat	~	Willayat Select	Select Willayat	~	
Contact Details		Village	Select Village	~				
		Contact Details						
E-mail address Email address OTP						OTP		
Send OTP			Send OTP					
Mobile * Mobile Number OTP *	*	Mobile *	Mobile Number			OTP *		
Send OTP	S		Send OTP					
		mmunication						
		anguage *	Englis Arabi      Arabi      C					
anguage * O h Arabi O c		Method	SMS					
anguage * O h Arabi O c			Email					

- 4. Enter the location which consists of Governorate, Wilaya, and village.
- 5. Enter email address and mobile number, then click Send OTP for both platforms, and then enter the OTP which you have received on both platforms.
- 6. Select the communication language if it's in Arabic or English.
- 7. Select the communication method if it's by SMS or Email or both.

8. Click save , and a message appears indicating that the account has been successfully registered.



# 2. Login

You can login to the system with your account using two different methods: Mobile PKI and Card PKI. The Login page appears as shown below:

Login with Mobile PKI	Card PKI
To use this login method, you need a PKI enabled SIM card	To use this login method, you need a PKI enabled national ID and card reader.
Learn More Enter Mobile Number	Learn More
Login	Login

on the left side, and it you enter your password on your phone.

For Card PKI, you click
 Login
 on the right side, then you use the ID card

reader to read your card, and then you enter your password on the computer screen.



# 3. Pharmaceutical Establishment Licensing Request Service

Through this page you apply for a new license for a Pharmaceutical Establishment. The process is as follows:



#### The Pharmaceutical Establishment Licensing Request page appears as shown below:

armaceutical Es	tablishment Licensing Request e-Service		ce			
	Fill e-		P	ay Online	Print Rece	
Company Info	Company Information	n				
Pharmaceutical Est.	- Select Establishment -					
Investors	Establishment *	Select Establishment	Ý			
Attachments	- Establishment Details					
Terms and	CR Number	CR Number		CR Status	CR Status	
Conditions	Comapny Name (En)	Comapny Name (En)		Comapny Name (Ar)	Comapny Name (En)	
Preview	- Applicant Information					
	Civil ID	EstablishmentOwner		Delegate Type	CR Signatory	
	Applicant Name (En)	Establishment Owner		Applicant Name (Ar)	Name Ar	
	Applicant Email			Applicant Mobile Number	Mobile Number	
	Occupation *	PRO		Place of Work *	ADS	
	PO Box	112		Postal Code	0000	
	Alternate PhoneNumber	968 🗸 948984	10			
				Next >		

To apply for the service, follow the steps below:

1. Select the establishment from the dropdown list, and the details appear automatically.

And you get a notification in green on top of the page if the establishment is valid and you can continue with the process. The notification appears as shown below:



SESTABLISHMENT IS Valid
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Note: You must select the establishment which is the parent of the pharmaceutical establish and you must be either the owner or delegate of the parent establishment in order to proceed with the application.

2. Click  $\stackrel{\text{Next}}{\longrightarrow}$  and the following page appears:

Pharmaceutical Est.	Basic Information					
	Establishment Type *	Select Establishment Type	~			
Investors	Requested Establishment Name (En)	Name En		Requested Establishment Name (Ar)	* Name Ar	
Attachments	<u>.</u>					
Terms and	Geographic Location					
Terms and Conditions	Governorate *	Select	~	Willaya *	Select	
Preview	Village *	Select	~	Nearest Landmark *	Nearest Landmark	
	Branch Location Details (En)	Branch Details En		Branch Location Details (Ar)	Branch Details Ar	
	Longitude *	Longitude		Latitude *	Latitude	

3. Select establishment type from the dropdown list, the fee and validity for each type appear as follows:

Туре	Fees in OMR	Validity
Public Pharmacy	300	3 years
In-House Pharmacy	Free (Zero)	
Medical Store	450	
Scientific Office	300	
Manufacturing Plant	1500	
Pharmaceutical Counselling Office	300	
Quality Control Laboratory	600	
Medical Device Establishment	Free (Zero)	2 years

- 4. Enter the requested establishment name in English and Arabic.
- 5. Enter geographic location which consists of governorate, wilaya, village, nearest landmark, branch location details in English and Arabic, and coordinates (longitude and Latitude).
- 6. Click each and the following page appears:

Company Info	Investors Details						
Pharmaceutical Est.	- Omani Investors List						
Investors	# Investor Nat	ne En Investor Name Ar	Civil Number	CR Number	CR Name En	CR Name Ar	Main Sub CR
Investors	1			1131524	SUB-CR OF	الشركة	Sub CR
Attachments	-	0 8			ADS		
Terms and Conditions	Total Number Of Oman	Investors : 1					ni InvestorsList 🞜
Preview			< Back	Next >			

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This page shows the list of Omani investors, it is mainly used to verify that there are Omani investors investing in the pharmaceutical establishment.

- 7. Review the list of investors, if there are missing investors, click the Reload Ormani Investors List 2
- 8. Click

Next > and the following page appears:

Company Info	Attachments		
Pharmaceutical Est.	Required Documents		
Investors	Requried Attachment	Description File Name	Action
Attachments	Copy of Rent Contract	A copy of the medical device establishment's rent contract     Allowed FileTypes (ipg,pdf,png) & size must not exceed 2 MB	🔔 Upload file
E Terms and Conditions	List of Staff and their Qualifications	List of the staff working in the medical device establishment and their qualifications     Allowed FileTypes (jpg,pdf,png) & size must not exceed 2 MB	1 Upload file
Preview	Photo of the Establishment Board	<ul> <li>A photo of the medical device establishment's board</li> <li>Allowed FileTypes (jpg,pdf,png) &amp; size must not exceed 2 MB</li> </ul>	🔔 Upload file
		Back Next >	

Depending on the type of establishment you selected, the documents you need to upload are as follows:

Туре	Documents
Public Pharmacy	Recent copy of the Commercial Register/CR (mandatory)
In-House Pharmacy	Recent copy of the Commercial Register/CR (mandatory)
Medical Store	Recent copy of the Commercial Register/CR (mandatory)
Scientific Office	Recent copy of the Commercial Register/CR (mandatory)
Manufacturing Plant	1. Recent copy of the Commercial Register/CR (mandatory)
	2. Scan of detailed application for initial approval (mandatory)
Pharmaceutical Counselling Office	Recent copy of the Commercial Register/CR (mandatory)
Quality Control Laboratory	Recent copy of the Commercial Register/CR (mandatory)
	1. Recent copy of the Commercial Register/CR (mandatory)
Medical Device Establishment	2. Copy of Rent Contract (mandatory)
	3. Photo of the Establishment Board (mandatory)

4. List of Staff and their Qualifications (mandatory)
5. Copy of the Initial Approval of Commercial Activities
for Medical Devices (mandatory)

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9. Upload the required attachments using the \_\_\_\_\_\_ button.

10. Click and the following page appears:

Company Info	Pharma - Terms and Conditions	ľ
Pharmaceutical Est.	Fulfilment of all pre requisites to license a pharmaceutical establishment	
5 Investors		
Attachments	I agree to the abovementioned terms and conditions Creditly that the owners/partners in this CR are not owners/partners of another pharmacy establishment	
Terms and Conditions		
Preview	K Back Next >	

11. Accept the terms and conditions by adding a tick to the checkboxes.

12. click  $\sim$  and the following page appears:

Pharmaceutical Est.	- Company Information	1		
-	CR Number		CR Status	True
Investors	Company Name (En)		Company Name (Ar)	
Attachments				
Terms and	- Applicant Information	1		
Conditions	Civil ID	EstablishmentOwner	Delegate Type	CR Signatory
Preview	Applicant Name (En)	Establishment Owner	Applicant Name (Ar)	Name Ar
	Applicant Email		Applicant Mobile Number	Mobile Number
	Occupation	PRO	Place of Work	ADS
	PO Box	112	Postal Code	0000
	Alternate PhoneNumber			
	Pharmaceutical Estab	lishment Information		
Pharma - Terms and 0		lishment Information		
Pharma - Terms and C		lishment Information		
	Conditions			
	Conditions			
	Conditions			
Fulfiliment of all pre requis	Conditions ites to license a pharmaceut entioned terms and condi	ical establishment		
Fulfiliment of all pre requis	Conditions ites to license a pharmaceut entioned terms and condi	ical establishment	restablishment	
Fulfiliment of all pre requis	Conditions ites to license a pharmaceut entioned terms and condi	ical establishment	establishment	
Fulfiliment of all pre requis	Conditions ites to license a pharmaceut entioned terms and condi	ical establishment	establishment	
Fulfiliment of all pre requis I agree to the abovem I certify that the owne Declaration I hereby declare that a	Conditions ites to license a pharmaceut entioned terms and condi rs/partners in this CR are n	ical establishment tions to owners/partners of another pharmacy d in this application form is true and accu		t or misleading information will result in the
Fulfiliment of all pre requis I agree to the abovem I certify that the owne Declaration I hereby declare that a	Conditions ites to license a pharmaceut entioned terms and condi rs/partners in this CR are n	ical establishment tions		t or misleading information will result in the
Fulfiliment of all pre requis I agree to the abovem I certify that the owne Declaration I hereby declare that a	Conditions ites to license a pharmaceut entioned terms and condi rs/partners in this CR are n	ical establishment tions to owners/partners of another pharmacy d in this application form is true and accu		t or misleading information will result in the



- 13. Review all the details. Once done, add a tick to the checkbox to declare that the entered information is true and correct.
- 14. Click Continue to Payment > and the following message appears:

Confirmat	ion	2
Are you sure yo	u want to Confirm and Procee	d for Payment?
Are you sure yo	J want to Confirm and Procee	d for Payment?

15. Click confirm button, and the following page appears:

Fill e-Form	Pa	y Online	Receive Confirmation
	Payment Summary		
	Applicant Name	Establishment Owner	
	Application Reference Number	PELR1102312473205A	
	Payment Reference Number	POPELR20000327505112402	
	Application Fees	300.000 OMR	
	Total Fees :	300.000 OMR	
	< Back	Pay Now >	

16. Click Pay Now >, you will be transferred to the payment page.

Note: if the service is free of charge, you skip the payment process.

Once done, you will receive the receipt as shown below:

Application Number:	PELR1102312473205A	
Application Issue Date:	05-11-2024 11:45:59	
00202431046421652 Transaction Ref	POPELR20000327505112402 Payment Status Description Success - CAPTURED	05-11-2024 11:46 AM Transaction Amount 300.000 OMR
Card Number 139357*****5381	Track ID 9209	
	My Applications	



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