



YOUR BMB REGISTRATION NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

How to complete this application form

- Read and **complete all questions**
- Ensure that **all pages** and required **attachments** are submitted to Boards Management Office (BMO)
- Use a **blue** pen only
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:

Privacy and Confidentiality

- The Brunei Medical Board and BMO are committed to protecting personal information as private and confidential.

SECTION A: Personal details

Title: MR MRS MISS MS DR Other:

Full name:

Date and Country of Birth: - - Age: year Sex: Male Female

Nationality: Passport No: Country of Issue:

Brunei I/C No: Colour: Yellow Purple Green

Marital Status: Single Married Divorced Widowed Race: Religion:

SECTION B: Contact information

What is your current contact details?

Provide current contact details below and place an next to your preferred contact phone number

Office/Business hours Mobile

After hours

Email

What is your current residential address?

Residential address **cannot** be a PO Box.

Post Code

What is your principal place of practice?

The address at which you predominantly practice the profession.

Post Code

Telephone Facsimile
Date of Commencement as Government Officer: - -
Department (if Government):
Unit (if applicable) :

Course (In-Service Training) detail:
Date of reporting back to work : - - Duration of study:
New qualification :
Place of study: Year:

Your position: Type of Appointment:
 Permanent Locum
 Contract Daily Paid
 Month to Month

What is your current mailing address?

Your mailing address is used for postal correspondence

My residential address My principal place of practice
 Other (*provide your mailing address below*)

Post Code

SECTION C: Declaration and Signature

I hereby declare that the above information is true and complete. I recognize that it is my responsibility to provide any necessary documentation to support my application and I authorize the Brunei Medical Board to obtain further relevant documentation. I acknowledge that the Brunei Medical Board reserves the right to change or reverse any decision regarding registration on the basis of incorrect or incomplete information. I hereby also authorize the Brunei Medical Board and BMO to release any information and/or relevant documentation for the purposes of the Medical and Dental Practitioners Act or any relevant legislation herewith.

Signature of applicant:

Date:

- -

SECTION D: Checklist

No.	Additional documents	Attached
1	Updated Curriculum Vitae	<input type="checkbox"/>
2	Proof and a copy of new qualification	<input type="checkbox"/>

Please hand in this form and required attachments and documentations to:

**Secretariat
BOARDS MANAGEMENT OFFICE
2nd Floor, Ministry of Health
Commonwealth Drive
Brunei Darussalam**

☎ +673 2380170 Fax : +673 2382032