

# ALLIED HEALTH PROFESSIONS COUNCIL OF BRUNEI DARUSSALAM

## APPLICATION FORM FOR RENEWAL OF TEMPORARY REGISTRATION

**Instructions to Applicant:**

1. Fill in all sections of the Application Form clearly in blue ink.
2. You may be required to submit additional documents or information to the Council upon request.
3. The completed Application Form together with the supporting documents (if applicable) must be submitted to the Council Office during Government working hours at:

Allied Health Professions Council of Brunei Darussalam  
Unit 2G4:01, 4<sup>th</sup> Floor, Block 2G  
Ong Sum Ping Condominium  
Jalan Ong Sum Ping  
Bandar Seri Begawan BA1311  
Negara Brunei Darussalam

4. Once your application is approved, you will be contacted to come to the Council Office to pay a fee of BND50.00 and to collect your renewed certificate.

**AHPCBD REGISTRATION NUMBER:**

(E.g. PT0025, ORT0001)

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**I. PERSONAL DETAILS**

**Full Name as shown in Passport (IN BLOCK LETTERS):**

**Gender:**

- Male  
 Female

**Passport Number:**

**Nationality:**

**Contact Number:**

**Mobile**

**Office**

**Email Address:**

**2. EMPLOYMENT DETAILS**

**Current Job Title/Position:**

**Employer/Company:**

**Full Address of Primary Workplace:**

**Full Address of Secondary Workplace (if applicable):**

