



BRUNEI MEDICAL BOARD
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Tel: 2384182
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BMB 2

BMB REGISTRATION NO.: _____

APPLICATION FOR ANNUAL PRACTISING CERTIFICATE

Name:		
IC No:	Colour: Yellow <input type="checkbox"/>	Purple <input type="checkbox"/> Green <input type="checkbox"/>
Date of Birth:	Nationality:	
Postal Address:		
Place of Practice (Use additional sheet if required)		
Basic Degree:	University:	Year:
Mobile:	Work telephone:	
Email:		
Position :		

Signature: _____

Date: _____

Supporting documents:

- 1 passport photograph
- \$50 fee