



BRUNEI MEDICAL BOARD  
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BMB 4

BMB REGISTRATION NO.: \_\_\_\_\_ - \_\_\_\_\_

### UPDATE OF PERSONAL PARTICULARS

<b>Name:</b> (as appears in Passport / IC –underline surname)		
<b>IC No:</b>	<b>Colour:</b> Yellow <input type="checkbox"/> Purple <input type="checkbox"/> Green <input type="checkbox"/>	
<b>Date of Birth:</b>	<b>Nationality:</b>	
<b>Postal Address:</b>		
<b>Place of Practice</b>		
<input type="checkbox"/> Department of Medical Services, Ministry of Health <input type="checkbox"/> Department of Health Services, Ministry of Health <input type="checkbox"/> Other (list all, use separate sheet if required)		
<b>Department</b> (if applicable):	<b>Unit</b> (if applicable):	
<b>Contact Details</b>		
<b>Mobile:</b>	<b>Work:</b>	<b>Fax:</b>
<b>Email:</b>		
<b>Type of Appointment :</b>	Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Month to Month <input type="checkbox"/> Locum <input type="checkbox"/> Daily Paid <input type="checkbox"/>	
<b>Present Position :</b>		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_