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BMB 6

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

### APPLICATION FOR RENEWAL OF ANNUAL PRACTISING CERTIFICATE/LICENCE

<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"/> <b>Department of Medical Services, Ministry of Health</b> <input type="checkbox"/> <b>Department of Health Services, Ministry of Health</b> <input type="checkbox"/> <b>Other (list all, use separate sheet if required)</b>		
<b>Department (if applicable):</b>		<b>Unit (if applicable):</b>
<b>Basic Degree:</b>	<b>University:</b>	<b>Year:</b>
<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: \_\_\_\_\_