



BMB REGISTRATION NO.

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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 of Birth: - - Age: year Sex: Male Female

Nationality: Passport No: Country of Issue:

Brunei I/C No: Colour: Yellow Purple Green

Other reference number (beside BMB Registration No, if any):

SECTION B: Work details

What is your current or latest work of practice in Brunei?

Address of work of practice:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Post Code

Telephone <input type="text"/>	Facsimile <input type="text"/>
Date of First Registration: <input type="text"/>	<input type="text"/>
Department (if Government):	<input type="text"/>
Unit (if applicable) :	<input type="text"/>

Your position: <input type="text"/>	Type of Appointment: <input type="checkbox"/> Permanent <input type="checkbox"/> Locum <input type="checkbox"/> Contract <input type="checkbox"/> Daily Paid <input type="checkbox"/> Month to Month
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I need a Letter of Good Standing because:

Please send the Letter of Good Standing to:
(Address of Medical Authority/
Council/Board)

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.

- I enclose application fee cash payment of B\$100.
- I would like the Letter of Good Standing to be sent by Courier and I enclose B\$ _____ as set by the Brunei Medical Board.
- I permit the Boards Management Office to forfeit the reminder of the deposit for the above said Courier charges (if any) if I did not claimed it after 30 days of the date of the Letter of Good Standing being dispatched.

Signature of applicant:

Date:

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

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

☎ +673 2380170 📠 Fax : +673 2382032

SECTION E: FOR OFFICE USE ONLY

Receipt No:			
Letter of Good Standing		Prepared and signed	
		Collected by Courier	
		Applicant informed	
Balance (amount)		Collected	
		Forfeited	

Courier charges by country

No.	Country	charges	Remark	No.	Country	charges	Remark
1	Australia	B\$45.00		9	New Zealand	B\$40.00	
2	Canada	B\$40.00		10	Oman	B\$45.00	
3	Denmark	B\$35.00		11	Saudi Arabia	B\$50.00	
4	Germany	B\$45.00		12	Singapore	B\$20.00	
5	India	B\$40.00		13	United Arab Emirate	B\$50.00	
6	Ireland	B\$40.00		14	United kingdom	B\$40.00	
7	Kuwait	B\$55.00		15	United States of America	B\$50.00	
8	Malaysia	B\$20.00		16	*	B\$	

*for other destination (country) not listed, please inform BMO staff for the charge.

Note: all charges listed are right at time of printing.