



BRUNEI MEDICAL BOARD
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Commonwealth Drive BB3910
Brunei Darussalam
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BMB 5

APPLICATION FOR LETTER OF GOOD STANDING

Full Name:	
BMB Registration No.:	
Other reference number:	
Date of First Registration:	
Date left, if applicable:	
Position:	
Department:	
Hospital / Place of Work:	
Passport Number:	
Nationality:	
Email address:	
Mobile Number:	

I need a Letter of Good Standing because:

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

I enclose my cash payment of \$100.

I would like the Letter of Good Standing to be sent by Courier and I agree to pay the appropriate amount.

Signature of applicant

Date