## ALLIED HEALTH PROFESSIONS COUNCIL OF BRUNEI DARUSSALAM APPLICATION FORM FOR RENEWAL OF TEMPORARY REGISTRATION

## **Instructions to Applicant:**

- I. Fill in all sections of the Application Form clearly in blue ink.
- 2. You may be required to submit additional documents or information to the Council upon request.
- 3. The completed Application Form together with the supporting documents (if applicable) must be submitted to the Council Office during Government working hours at:

Allied Health Professions Council of Brunei Darussalam Unit 2G4:01, 4<sup>th</sup> Floor, Block 2G Ong Sum Ping Condominium Jalan Ong Sum Ping Bandar Seri Begawan BA1311 Negara Brunei Darussalam

4. Once your application is approved, you will be contacted to come to the Council Office to pay a fee of BND50.00 and to collect your renewed certificate.

## **AHPCBD REGISTRATION NUMBER:**

(E.g. P10025, OR1000)								

I. PERSONAL DETAILS								
Full Name as shown in Passport (IN BLOCK LETTERS):								
Gender:		Passport Number:			Nationality:			
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Male								
Female								
Contact	Mobile			Office				
Number:	1100			•				
Email Address:								
2. EMPLOYMENT DETAILS								
Current Job Title/Position:								
Employer/Company:								
Full Address of Primary Workplace:			Full Address of Secondary Workplace (if applicable):					

3. PURPOSE OF VISIT									
Purpose of Visit:									
Date of Visit:									
Name of Organiser/Employer:									
Verified by the Organiser/Em	ployer:		Official Stamp of						
		•	Organiser/Employer:						
(Signature and Date)									
Declaration									
The information contained in this misrepresentation may invalida			d complete. I understand that any						
misrepresentation may invalida	ite my application/tempora	ry registration.							
<del></del>									
Signature of Appli	cant	Date							
FOR OFFICIAL USE ONL	<b>y</b>								
Date received:									
Application outcome by Council:	Approved / Not Approved	Approved / Not Approved Reason if not approved:							
Approved fee payment of:	BND50.00 – Renewal of Tem (R93012)	porary Registration for							
		Date of payment:							
		Receipt number:							
Council official stamp:		Received by:							
		Signature:							
		Remarks:							