Å.	Boards Management Office	Ministry of Health Brunei Darussalam	PRA		<b>T&amp;CM</b> <b>DNERS NOTIFICATION FORM</b> D Be Filled By Company
How to	complete this application form			Privacy	y and Confidentiality
0	Read and complete all questions			0	The T&CM Unit Ministry of Health
0	• Ensure that <b>all pages</b> and required <b>attachments</b> are returned to BMO			and BMO are committed to	
0	Use a <b>blue</b> pen only				protecting personal information as
0	Print clearly in <b>BLOCK LETTERS</b>				private and confidential.
0	Place X in <b>all</b> applicable boxes: 🗷				
0	• Only completed application form with the required supporting documents will		ents will		
	be processed.				
0	• Please refer to 'Guidelines for Registration of Traditional and Complementary		nentary		
	Medicine Practitioners inn Brunei Darussalam' which can be accessed at				
	www.moh.gov.bn, before filling up the application form.				

SECTION A: Company details	Name of company:	
What are your company details?	Name of company:	
	Company address:	
	Business Registration number:	Email:
	Telephone number:	Facsimile:
	Other places of business (if any)	
	Address	Contact & Fax Type of business number

## SECTION B: Applicant details

Full name:			
Date and Country of Age: year Gender: Male Female			
Nationality:   Passport No:   Country of Issue:			
Brunei I/C No: Colour: Yellow Purple Green			
Designation/Post: Owner Manager Race: Religion:			
Other, please specify:			

XA71	Dresside course surgest context details below and place on 💷 surface surgest and source trade on surgebox
What are your contact details?	Provide your current contact details below and place an 🗷 next to your preferred contact phone number
	Office/Business hours Mobile
	After hours
	Email
What is your residential	
address?	
Residential address <b>cannot</b> be a	
PO Box.	
	Post Code
What is your mailing address?	
Your mailing address is used for	The second secon
postal correspondence	Other ( <i>provide your mailing address below</i> )
	Other (provide your maining address below)
	Post Code

## **SECTION C:** T&CM practitioners employed

Nome of anostition or	Tumo of TOCM who at	Data of Dintl	Nationality
Name of practitioner	Type of T&CM practice	Date of Birth	Nationality
Note: Every T&CM practitioners employed must filled in 'T&CM Application for practitioners registration Form'			

## **SECTION D:** Declaration and Signature

I hereby declare that the information provided in this application are correct, true and complete, and I agree and understand any falsification of information herein will cause cancellation of my application.

Should there be any changes or addition in T&CM practitioners employed by my company, I will notify the T&CM Unit, Ministry of Health within 60 days of such change.

Signature of Applicant	Company Chop
Name of Applicant	
Date	

SECTION E: Checklist				
No.	Additional documents	Attached		
1	Copy of Owner's Brunei Identity Card			
2	Company's Certificate of Registration / Incorporation			
3	Previous approval letter for employing foreign workers (for renewal or additional quota)			
4	Completed 'T&CM Application for practitioners registration Form' for ALL practitioner(s) employed			
5	Copy of Business License			

 Please hand in this form with
 T&CM Unit

 payment and required attachments
 BLK 2G3:01, Ong Sum Ping Condominium

 and documentations to:
 Jalan Ong Sum Ping

 Bandar Seri Begawan
 Negara Brunei Darussalam

 2 +673 2230025
 E : tcm\_brunei@moh.gov.bn

SECTION F: FOR OFFICE USE ONLY	
Date received:	
Received by (Name):	Signature
Company File Number:	
Checked by (Name):	
Signature and Stamp: Date:	