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BMB 4

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

## UPDATE OF PERSONAL PARTICULARS

<b>Name:</b>		
<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"/> Department of Medical Services, Ministry of Health <input type="checkbox"/> Department of Health Services, Ministry of Health <input type="checkbox"/> Other (list all, use separate sheet if required)		
<b>Department :</b>	<b>Unit :</b>	
<b>Basic Degree:</b>	<b>University:</b>	<b>Year:</b>
<b>Mobile:</b>	<b>Work:</b>	
<b>Email:</b>		
<b>Type of Appointment :</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Month to Month <input type="checkbox"/> Locum <input type="checkbox"/> Daily Paid	
<b>Position :</b>		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_