



BMB REGISTRATION NO.

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How to complete this application form

- Read and **complete all questions**
- Ensure that **all pages** and required **documentations** are submitted to Brunei Medical Board
- 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:

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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 principal place of practice in Brunei?

The address at which you predominantly practice the profession.

Name and address of work practice :

Post Code

Telephone

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Facsimile

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Date of First Registration:

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Date left the practice :

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Department (if Government):

Unit (if applicable) :

Your position: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	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 Boards Management Office 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 payment of B\$100.00
- I enclose administrative fee payment of B\$50.00
- 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 Brunei Medical Board Office to forfeit the remainder of the deposit for the above said Courier charges (if any) if not claimed after 30 days of the date of the Letter of Good Standing being dispatched.

Signature of applicant:

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

Brunei Medical Board
Unit 2G4:02
4th Floor
Ong Sum Ping Condominium
Brunei Darussalam
BA 1311

Email : bmb.brunei@moh.gov.bn

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	Courier Charges	Remark	No.	Country	Courier 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 enquire with BMB staff for the amount of courier charge.