

**How to complete this application form**

- Read and **complete all questions**
- Ensure that **all pages** and required **attachments** are returned to BMO
- Use a **blue** pen only
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- Only completed application form with the required supporting documents will be processed.
- Please refer to 'Guidelines for Registration of Traditional and Complementary Medicine Practitioners inn Brunei Darussalam' which can be accessed at [www.moh.gov.bn](http://www.moh.gov.bn), before filling up the application form.

**Privacy and Confidentiality**

- The T&CM Unit Ministry of Health and BMO are committed to protecting personal information as private and confidential.

**SECTION A: Company details**

**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 number	Type of business
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**SECTION B: Applicant details**

Full name:

Date and Country of Birth:  -  -   -  -   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:

**What are your contact details?**

Provide your current contact details below and place an  next to your preferred contact phone number

Office/Business hours	<input type="checkbox"/>	Mobile	<input type="checkbox"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
After hours	<input type="checkbox"/>		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Email	<input type="text"/>		

**What is your residential address?**

Residential address **cannot** be a PO Box.

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**What is your mailing address?**

Your mailing address is used for postal correspondence

<input type="checkbox"/> My residential address	<input type="checkbox"/> My company address
<input type="checkbox"/> Other <i>(provide your mailing address below)</i>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Post Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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	<input type="text"/>	Company Chop <input type="text"/>
Name of Applicant	<input type="text"/>	
Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	

**SECTION E: Checklist**

No.	Additional documents	Attached
1	Copy of Owner's Brunei Identity Card	<input type="checkbox"/>
2	Company's Certificate of Registration / Incorporation	<input type="checkbox"/>
3	Previous approval letter for employing foreign workers (for renewal or additional quota)	<input type="checkbox"/>
4	Completed ' <i>T&amp;CM Application for practitioners registration Form</i> ' for ALL practitioner(s) employed	<input type="checkbox"/>
5	Copy of Business License	<input type="checkbox"/>

<p><b>Please hand in this form with payment and required attachments and documentations to:</b></p>	<p style="text-align: center;"><b>Secretariat Boards Management Office 2<sup>nd</sup> Floor, Ministry of Health Commonwealth Drive Brunei Darussalam</b></p> <p style="text-align: center;">..... ☎ +673 2380170    ✉ : bmo_brunei@moh.gov.bn</p>
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**SECTION F: FOR OFFICE USE ONLY**

Date received:   -   -

Received by (Name):

Signature

Company File Number:

Checked by (Name):

Signature and Stamp:

Date:   -   -