Ministry of Health, Negara Brunei Darussalam

Bru-HIMS REGISTRATION FORM (for foreign workers)

BN										
Please bring all the re	equired o	docum	ents	belov	٧.					
1.COPY OF PASSPORT 2.COPY OF BUR 500/9 3.COPY OF LICENCE (I 4.COPY OF GREEN IC	555 For dom		vorke	er only	/)					
TYPE OF APPLICATION	N									
New application Bru-HIMS check / Rep	orint									
WORKERS NAME	Pleas	e fill u	p the	deta	ils b	elo	W			
PASSPORT NO:										
RESIDENTIAL ADDRE	SS									
	$\perp \downarrow \downarrow$									
Poscode:										
COMPANY PREMISES	ADRESS	;								
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Poscode:										
Employer Tel no:	М					О				
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