

**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 in 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:



**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><b>T&amp;CM Unit</b>  <b>Boards Management Office</b>  <b>BLK 2G3:01, Ong Sum Ping Condominium</b>  <b>Jalan Ong Sum Ping</b>  <b>Bandar Seri Begawan</b>  <b>Negara Brunei Darussalam</b></p> <p>  +673 2230025               : tcm_brunei@moh.gov.bn         </p>
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