

**ALLIED HEALTH PROFESSIONS COUNCIL OF BRUNEI DARUSSALAM**  
**APPLICATION FORM FOR**  
**REPLACEMENT OF CERTIFICATE**

**Instructions to Applicant:**

1. Fill in all sections of the Application Form clearly.
2. Please attach one (1) recent passport size photo.
3. For replacement due to lost or destroyed certificate, you must submit the original copy of Police Report.
4. For replacement due to defaced or obliterated certificate such that any particulars in the certificate are illegible, you must submit the original copy of the certificate.
5. The completed Application Form together with the required documents can be submitted to the Council Office during Government working hours at:

Allied Health Professions Council of Brunei Darussalam  
 Unit 2G3:02, Level 3, Block 2G  
 Jalan Ong Sum Ping  
 Bandar Seri Begawan BA1311  
 Negara Brunei Darussalam

6. Once your application is approved, you will receive an email with instructions on how to pay the BND25.00 fee via the OCBS online portal. Your replacement certificate will be issued once payment is verified.

**APPLICATION FOR:**

(Please tick)

Replacement of Certificate of Registration  
 Replacement of Practising Certificate

**AHPCBD REGISTRATION NUMBER:**

(E.g. PT0025, ORT0001)

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|--|--|--|--|--|--|--|

**I. PERSONAL DETAILS**

**Full Name as shown in Brunei I.C. (IN BLOCK LETTERS):**

|  |               |                            |   |  |  |
|--|---------------|----------------------------|---|--|--|
| <b>Gender:</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |               | <b>Brunei I.C. Number:</b> |   | <b>Colour of Brunei I.C.:</b><br><input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Green |  |
| <b>Contact Number:</b>   | <b>Mobile</b> |                            |   | <b>Office</b>  |  |
| <b>Email Address:</b>  |               |                            |   |  |  |
| <b>2. EMPLOYMENT DETAILS</b>   |               |                            |   |  |  |
| <b>Current Job Title/Position:</b>   |               |                            |   |  |  |
| <b>Employer/Company:</b>   |               |                            |   |  |  |
| <b>Full Address of Primary Workplace:</b>  |               |                            | <b>Full Address of Secondary Workplace (if applicable):</b> |  |  |

**3. REASON(S) FOR REPLACING CERTIFICATE**

Please state reason(s) for applying replacement of certificate:

**Declaration**

I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

I acknowledge that the Allied Health Professions Council of Brunei Darussalam shall have the right to withhold and/or terminate my registration and/or take any other action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Allied Health Professions Council of Brunei Darussalam.

**Signature of Applicant****Date**

| <b>FOR OFFICIAL USE ONLY</b>                       |   |  |  |
|--|---|--|--|
| Date received:                                     |   |  |  |
| Application outcome by Council:                    | Approved / Not Approved   | Reason if not approved:                      |  |
| Remarks:   |   |  |  |
| Approved fee payment for:<br>[R93015]              | <input type="checkbox"/> BND 25.00 - Replacement of Certificate of Registration (R93015)<br><input type="checkbox"/> BND 25.00 - Replacement of Practising Certificate (R93015) |  |  |
| Council official stamp<br>and approver's initials: |   | Date & time of<br>payment in<br>OCBS portal: |  |
|  |   | Verified by:                                 |  |
|  |   | Signature:                                   |  |
|  |   | Remarks:                                     |  |