

Date: _____

From:

(Name) _____

(Registered Professional) _____

(AHPCBD Registration No.) _____

To:

The Registrar

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

Dear Registrar,

Attention:

1. For change of name and residential address, please submit copy of your updated Brunei Identity Card.

2. For change of practice address, please submit letter of resignation or end of employment letter with the current employer, letter of new job offer, new job description, and letter of reporting for duty with the new employer.

3. For additional qualification, please submit copy of certificate and academic transcript.

4. For other changes, please submit the relevant documents.

CHANGE OF PERSONAL DETAILS

In accordance with Section 10(4) of the Allied Health Professions of Brunei Darussalam Act, Chapter 221, I would like to duly inform the Allied Health Professions Council of Brunei Darussalam regarding the change of my personal details as follows (please tick and fill in the relevant details accordingly):

<input type="checkbox"/>	Previous name		New name	
<input type="checkbox"/>	Previous residential address		New residential address	
<input type="checkbox"/>	Previous practice address		New practice address	First date of employment:
<input type="checkbox"/>	Additional qualification	(Full title of qualification / Name of awarding institution & country / Year of award)		
<input type="checkbox"/>	Other (please specify)			

I attach the copy of the relevant document(s) for your perusal. I understand that I may need to provide additional supporting document(s) upon request from the Allied Health Professions Council of Brunei Darussalam.

Thank you for your consideration in this matter.

Yours sincerely,

Brunei I.C. No./Passport No: _____

Contact No.: _____

Email address: _____