



HIGH COMMISSION OF BRUNEI DARUSSALAM STUDENT PARTICULARS FORM

Insert your
recent photo here

Instructions:

1. Complete this form and email to students@brunei.org.au within **TWO (2)** weeks of your arrival.
2. Indicate with a circle or tick (✓) where appropriate.

A. STUDENT PARTICULARS			
Full Name (In CAPITAL)		BSNZ No.	
Smart Card No.		University ID No.	
Smart Card Color.		Date of Birth & Gender (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (In Australia)		Mobile No.	
	Post Code	E-Mail Address	
B. PASSPORT AND VISA DETAILS			
Full Name (As in passport)		Passport Country of Issue	
Passport No.		Visa Reference No.	
Date of Issue (dd/mm/yyyy)		Date of Issue (dd/mm/yyyy)	
Expiry Date (dd/mm/yyyy)		Expiry Date (dd/mm/yyyy)	
C. IN CASE OF EMERGENCIES)			
Contact Persons – In Country of Study			
Name of Contact		Relationship	
Home Address		Mobile No.	
	Post Code	E-Mail Address	
Contact Persons – Brunei			
Name of Contact		Relationship	
Home Address		Mobile No.	
	Post Code	E-Mail Address	
Name of Contact		Relationship	
Home Address		Mobile No.	
	Post Code	E-Mail Address	
D. HEALTH INFORMATION			
Please provide full details. Health Insurance cover is compulsory and is the sole responsibility of individual students			
Insurance Provider		Mobile No.	
Office Address		E-Mail Address	
	Post Code	Coverage Start Date (dd/mm/yyyy)	
Membership or Policy No.		Coverage End Date (dd/mm/yyyy)	
Policy Type:		Amount Paid (AUD\$)	
Are you on any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are on any medication, please state your	
Do you use prescription glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Condition	
Do you use hearing aids daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication	
Do you require any special assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Condition	
Please state assistance required.		Medication	

E. PAYMENT OF ALLOWANCES IN BRUNEI

Please state if you have received the following allowances in Brunei

3 Month Advance Monthly Stipend

Monthly Stipend	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration Period	:	Amount Paid	:
Monthly Stipend	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration Period	:	Amount Paid	:

3 Month Advance Travelling Allowance

Travelling Allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration Period	:	Amount Paid	:
Travelling Allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration Period	:	Amount Paid	:

Advance Book, Clothing and Stationary Allowance

Book Allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration Period	:	Amount Paid	:
Clothing Allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration Period	:	Amount Paid	:
Stationary Allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duration Period	:	Amount Paid	:

Others

Medical Check	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Amount Paid	:
Visa	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Amount Paid	:
Ticket	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Amount Paid	:

TOTAL AMOUNT PAID :

E. BANKING DETAILS

Note:
This will help in the prompt transfer of funds to students. Using other bank facilities will delay transfer at least by three (3) working days.

Name of Bank	COMMONWEALTH BANK	BSB No.	
Account Name		Account No.	
Full Bank Address		Post Code	

F. DECLARATION

I hereby declare that the information provided is TRUE and the documents attached are mine.

Signature/ Initial _____ Date: _____ (dd/mm/yyyy)

G. FOR INTERNAL USE ONLY

Please tick if documents are submitted by student	Check By	Endorsed By	Remarks
Picture (Inserted into Form) <input type="checkbox"/>			Date of First Allowance Payment in Australia
Passport (Personal Details Page Only) <input type="checkbox"/>			
Scholarship ID Card <input type="checkbox"/>			Things to Reimburse
Bank Account Details <input type="checkbox"/>			
Student Visa and Certificate of Entitlement <input type="checkbox"/>			
Scholarship Award Letter <input type="checkbox"/>	Signature/ Initial	Signature/ Initial	
Scholarship Financial Guarantee Letter <input type="checkbox"/>			
Flight Ticket/ E-Ticket <input type="checkbox"/>			
Advance Allowances Statement/Receipt Statement <input type="checkbox"/>			
OSHC Policy and Membership Card <input type="checkbox"/>	Full Name and Designation	Full Name and Designation	