

**EXAMINATIONS DEPARTMENT, MINISTRY OF EDUCATION, BRUNEI DARUSSALAM**  
**BRUNEI-CAMBRIDGE IGCSE / GCE 'O' LEVEL, OCTOBER/NOVEMBER 2023**

**FOR OFFICIAL USE**

**LATE ENTRY**

**ENTRY FORM FOR PRIVATE CANDIDATES**  
**( Use CAPITAL LETTERS throughout )**

**BN** \_\_\_\_\_ / \_\_\_\_\_

**PLEASE ATTACH**  
**FOLLOWING DOCUMENTS:**

1. Copy of BJCE/ PMB/ GCE 'N' LEVEL/ BTEC/ GCE 'O' LEVEL Certificate or any equivalent certificate.
2. Copy of School Leaving Certificate
3. Approval / Chop of Employer or Head of Department ( For Candidates who are working)
4. Copy of Identity Card (I.C)
5. Medical report (for Access Arrangement only)

Form which are incomplete with the above documents **WILL NOT BE ACCEPTED / PROCESSED**

**TIME OF PAYMENT**  
**Monday to Thursday**

8.00 am to 11.00 am and 1.30 pm to 3.00 pm

**Saturday**

8.00 am to 10.00 am

**REGISTRATION CLOSING DATE**  
**07 September 2023 (Thursday)**

CENTRE OF EXAMINATION :		<input type="checkbox"/> BANDAR SERI BEGAWAN	<input type="checkbox"/> TUTONG	<input type="checkbox"/> SERIA	<input type="checkbox"/> KUALA BELAIT	<input type="checkbox"/> TEMBURONG								
CANDIDATE'S NAME ( NOT to exceed 60 characters including spaces in between names )						<table border="1"> <tr> <td colspan="2">GENDER</td> <td colspan="2">Date of Birth</td> </tr> <tr> <td>M/F</td> <td></td> <td>D</td> <td>M Y</td> </tr> </table>	GENDER		Date of Birth		M/F		D	M Y
GENDER		Date of Birth												
M/F		D	M Y											

Require access arrangement ☐ Yes ☐ No (If yes, please attach medical report)

PREVIOUS ENTRY			SYLLABUS DETAIL ( Subject offered )							
EXAMINATION JUNE/NOVEMBER	CENTRE NO	CANDIDATE NO	SYLLABUS CODE							
	BN		Subject Name							
NUMBER OF CREDITS OBTAINED			Option Code							

CANDIDATE'S FULL NAME AND MAILING ADDRESS	
MR/MRS/MISS: _____	I.C.No: _____
ADDRESS : _____	
_____ POST CODE : _____	
TEL NO : (HOME) _____	(MOBILE) _____ (OFFICE) _____
EMAIL: _____	
<b>Nota: Calon-calon persendirian hendaklah mengisi alamat dan e-mel dengan betul bagi tujuan persuratan.</b>	
_____ Signature of Applicant	_____ Date

SCHOOL/EMPLOYER'S CHOP
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\_\_\_\_\_  
 Signature of Principal /  
 Head of Department / Section /  
 Employer  
 Date: \_\_\_\_\_

PAYMENT RECEIVED (FOR OFFICIAL USE)	
Receipt No:	
Total :	
Date :	
Signature :	

EXAMINATION FEES (FOR OFFICIAL USE)	
ENTRY FEE	\$ 40.00
LOCAL FEE	\$ 20.00
SUBJECT FEE 'O' LEVEL (\$35.00 X )	\$
LATE ENTRY FEE 'O' LEVEL (\$50.00 X )	\$
<b>TOTAL</b>	<b>\$</b>

**CERTIFIED BY EXAM OFFICER**

**Signature :** \_\_\_\_\_  
**Code :** \_\_\_\_\_  
**Date :** \_\_\_\_\_

EXAM OFFICER'S COMMENT
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