



**ONLINE PAYMENT REGISTRATION FORM  
ONE COMMON BILLING SYSTEM (OCBS)**

- All applicants are required to complete this form and email it to [tdd.finance@tourism.gov.bn](mailto:tdd.finance@tourism.gov.bn) for further process.
- This form is for:-
  - ☐ **Company / Business**
    - Please complete Section A only
    - Must attach a copy of the Owner's Identity Card (IC) and Company Registration (ROCBN)
  - ☐ **Individual**
    - Please complete Section B only
    - Must attach a copy of the Owner's Identity Card (IC)
- Please indicate the purpose of registration:
  - ☐ **Purchase of Quotation / Tender**
  - ☐ **(Quotation / Tender Reference: \_\_\_\_\_)**
  - ☐ **Site Rental payment**
  - ☐ **Pembayaran Kompoun**
  - ☐ **Lain-lain (Sila nyatakan): \_\_\_\_\_**

SECTION A: COMPANY DETAILS			
Company Name (As registered under ROCBN)			
Company Address			
Current Email			
Owner's Name			
Owner's Phone Number		Owner's IC Number	
OWNER'S DECLARATION			
<p><b>This declaration must be completed by the owner. For companies with more than two owners, the declaration by one owner is sufficient.</b></p> <p>I hereby declare that all the information provided in this form is true and correct. If any information is found to be false, this application will be considered invalid, and I agree to comply with all rules set by the Tourism Development Department.</p>			
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( )			
NAME AND SIGNATURE OF OWNER		DATE	COMPANY STAMP



جاڤن کما جوان قلچو غن  
TOURISM DEVELOPMENT DEPARTMENT  
MINISTRY OF PRIMARY RESOURCES AND TOURISM | BRUNEI DARUSSALAM

SECTION B: INDIVIDUAL APPLICANT DETAILS	
Name (As per Identity Card)	
Identity Card Number	
Current Address	
Current E-mail	
Phone Number Number	
APPLICANT'S DECLARATION	
I hereby declare that all the information provided in this form is true and correct. If any information is found to be false, this application will be considered invalid, and I agree to comply with all rules set by the Tourism Development Department.	
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NAME AND SIGNATURE OF APPLICANT	DATE

FOR USE OF FINANCE UNIT – TOURISM DEVELOPMENT DEPARTMENT	
Received by	
Received date	
<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	
Bill Reference	
Date	
Receipt Reference	
Date	
Verification from Head of Finance Unit	