

Date: \_\_\_\_\_

Branch: \_\_\_\_\_

## APPLICATION FOR MEDICAL LOAN

(All the particulars with \* sign are mandatory in compliance with RMA CIB)

### PERSONAL DETAILS (To be filled by applicant)

|                                      |                    |             |  |  |
|--------------------------------------|--------------------|-------------|--|--|
| 1. Applicant Name*                   |                    |             |  | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 45%;">Photograph of Applicant (if applicable)</div> <div style="border: 1px solid black; padding: 5px; width: 45%;">Photograph of Patient</div> </div> |
| 2. Profession                        |                    |             |  |  |
| 3. Name of Business (if any)         |                    |             |  |  |
| 4. Trade License Registration No.    |                    |             |  |  |
| 5. Trade License Registration Date   |                    |             |  |  |
| 6. Nature of Business                |                    | 7. Validity |  |  |
| 8. Location                          |                    |             |  |  |
| 9. BIC No./CIT No./PIT No./BIT No.*  |                    |             |  |  |
| 10. Other Economic Activity (if any) | 1. ....<br>2. .... |             |  |  |

|                     |   |                                 |                                 |   |  |
|---------------------|---|---------------------------------|---------------------------------|---|--|
| 11. Nationality*    |   | 12. CID No.*                    |                                 | 13. Validity  |  |
| 14. Gender*         | Male <input type="checkbox"/>   | Female <input type="checkbox"/> | Others <input type="checkbox"/> | 15. Date of Birth   |  |
| 16. Marital Status* | Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others <input type="checkbox"/> |                                 |                                 | If married, please provide spouse's details:<br>Name: ..... CID No: .....<br>Mobile No: ..... |  |

### FOR IN-SERVICE EMPLOYEE ONLY

|  |   |                                   |                            |
|--|---|-----------------------------------|----------------------------|
| 17. Designation/Grade  |   | 18. Date of Joining Service       |                            |
| 19. Date of Retirement (minimum seven years)                 |   |                                   |                            |
| 20. Nature of Service  | Regular <input type="checkbox"/>                                    | Contract <input type="checkbox"/> | (If contract, ..... years) |
| 21. Current Monthly Salary                                   | Basic: Nu.  | Gross: Nu.                        |                            |
| 22. Name & Address of the Employer (Dept/Agency/Corporation) | Name: .....<br>Office Address: .....<br>PO Box No./Office No: ..... |                                   |                            |
| 23. Account maintained with BoBL*                            |   |                                   |                            |

Applicant's Signature: .....

|                          |  |
|--------------------------|--|
| 24. Residential Address* | Location: .....<br>Mobile No: ..... Personal Email ID: ..... |
|--------------------------|--|

|                        |   |
|------------------------|---|
| 25. Permanent Address* | Household No: .....<br>House No: ..... Thram No: .....<br>Village: ..... Gewog: .....<br>Dungkhag: ..... Dzongkhag: ..... |
|------------------------|---|

**DETAILS OF MEDICAL LOAN**

|                      |  |
|----------------------|--|
| a. Medical Loan Type | Without Collateral <input type="checkbox"/> With Collateral <input type="checkbox"/> |
| b. Loan Amount       | Loan Amount Nu. .... (Ngultrum ..... Only)   |
| c. Repayment Period  | ..... Years (Maximum 7 years)  |
| d. Interest Rate     | ..... % p.a (Floating/Floating with 5 years reset/ Fixed)                            |

(TICK)

**Types of Interest:** YES

a. Loan on Floating Interest Rate Basis: Interest is subject to change as per following:

i. After every six months to reflect changes in the MLR.

ii. Change in Credit Risk Premium.

iii. Change in Business Strategy Premium as and when felt necessary by the Bank depending on the market conditions.

b. Loan on Floating with 5 year Reset Basis: Interest is subject to change after every six months to reflect changes in the MLR but the Credit Risk Premium, Tenor Risk Premium and Business Strategy Premium will be reviewed and revised every five years.

c. Loan on Fixed Interest Rate Basis: Interest is subject to change after every six months to reflect changes in the MLR but the Credit Risk Premium, Tenor Risk Premium and Business Strategy will remain fixed for the entire tenor of the loan.

**Irrespective of the loan sanctioned date, the MLR reset will be done based on the RMA prescribed MLR fixed cycle and other risk premiums will be reset based on the rate type mention above.**

**Applicant's Signature:** .....

**PARTICULARS OF SECURITY**  
Particulars of security for proposed loan

| Particulars         | Building 1 | Building 2 | Land 1 | Land 2 |
|---------------------|------------|------------|--------|--------|
| No. of Storey       |            |            |        |        |
| Thram No.           |            |            |        |        |
| Plot No.            |            |            |        |        |
| Area (decimal/acre) |            |            |        |        |
| Place               |            |            |        |        |
| Owner's Name        |            |            |        |        |
| Dzongkhag           |            |            |        |        |
| Value               | Nu.        | Nu.        | Nu.    | Nu.    |
| Rental Income       | Nu.        | Nu.        | Nu.    | Nu.    |

**REPAYMENT SOURCE:**

Rental income: Nu. .... per month (Attach detail rental statement)

Monthly salary: Nu. .... per month (Salary certificate to be enclosed)

Business income: Nu..... per month (Income & expenditure statement, BIT receipt & license copy)

Hire of Vehicle: Nu. .... per month (Attach vehicle registration copy, BIT receipt & income detail)

**The source of income for loan repayment should be from regular or confirmed source to repay the loan within the loan period.**

**Details of Patient**

|                              |  |         |  |          |  |
|------------------------------|--|---------|--|----------|--|
| Name*                        |  | CID No. |  | Validity |  |
| Relationship (if applicable) |  |         |  |          |  |
| Age                          |  |         |  |          |  |
| Treatment Details            |  |         |  |          |  |
| Name of the Hospital         |  |         |  |          |  |
| State                        |  | Country |  |          |  |
| Medical Expenses*            |  |         |  |          |  |
| Contact No.*                 |  |         |  |          |  |
| Attach*                      | <ol style="list-style-type: none"> <li>1. Medical Referral Report (if any)</li> <li>2. Consent letter from the patient (if applicable)</li> <li>3. Medical History (if any)</li> </ol> |         |  |          |  |

Applicant's Signature: .....

**\* All the authenticated documents along with the breakups must be submitted to support the medical expenses.**

I/we declare that the above information along with the information given under ENCLOSURE is true, correct, and complete and up to date in all respect and I/we have not withheld any information. I/we confirm that I had never been awarded an adverse judgment or decree in a court case involving breach of contract, tax malfeasance or other serious misconduct and never been a defaulter with BoBL/other financial institution. I/we authorized BoBL or its agent to make references and enquiries relative to information in this application which BoBL may consider necessary and shall not hold BoBL liable for use of this information. The loan, if granted shall be utilized for the purpose for which it is granted.

I/we are bound to inform the bank of any change in the detail given above. I/we agree to pay processing charges as applicable and any other additional charges including Customer Information Report (CIR), etc... charged by the bank. I/we have read all the terms and conditions relating to the Medical loan scheme and I/we hereby agree to abide by these terms and conditions or by the revised additional terms and conditions which may at any time hereafter be made while the loan obtained by me is still due. In event of noncompliance of the terms and conditions, I/we hereby authorize BoBL to take legal action as per the norms, rules and regulations of BoBL and relevant laws of the Kingdom.

**I hereby give my full consent to BoBL for sharing my personal bio-data and financial information including security details relating to my loan account(s) with Royal Monetary Authority & Credit Information Bureau.**

Date: .....

Place: .....

Affix Legal  
Stamp

### Personal Details of Guarantor (If applicable)

|                              |  |                                 |                                 |             |  |
|------------------------------|--|---------------------------------|---------------------------------|-------------|--|
| a. Name*                     |  | CID No.                         |                                 | Validity    |  |
| b. Profession                |  |                                 |                                 |             |  |
| c. SB/CD (if) a/c No.        |  |                                 |                                 |             |  |
| e. Name of business (if any) | 1. ....<br>2. ....<br>3. ....  |                                 |                                 |             |  |
| f. Date of Birth             |  |                                 | g. Nationality*                 |             |  |
| h. Gender*                   | Male <input type="checkbox"/>  | Female <input type="checkbox"/> | Others <input type="checkbox"/> | i. Relation |  |
| j. Marital Status            | Married <input type="checkbox"/> Single <input type="checkbox"/> Others <input type="checkbox"/> If married please provide spouse's detail:<br>Name: ..... CID No: .....<br>Mobile No: ..... |                                 |                                 |             |  |
| k. Residential Address*      | Location: .....<br>Mobile No: ..... CID No: .....  |                                 |                                 |             |  |
| l. Permanent Address*        | Household No: .....<br>House No: ..... Thram No: .....<br>Village: ..... Gewog: .....<br>Dungkhag: ..... Dzongkhag: .....  |                                 |                                 |             |  |

### Guarantor In-service employee (with equal or higher grade from the same office with minimum three years of confirmed service)

|  |  |
|--|--|
| a. Designation/Grade*                        | b. Date of Joining Service*                |
| c. Date of Retirement (minimum seven years)* |  |
| d. Nature of Service*                        | Regular/Contract (if contract ..... years) |
| e. Current Monthly Salary*                   | Nu. ....                                   |
| f. Contact detail (Office Address)*          |  |

I hereby as the guarantor confirm that the above information given in the application form is true, correct and complete and up to date in all respects. Further, I undertake to repay the amount of loan outstanding along with interest in the event of non-recovery of loan from the borrower, Dasho/Mr./Mrs./Miss. .... who is known to me.

**Caution Note: Please note if the guarantor leaves the organisation without changing his/her guaranteed loans, he/she will continue to be liable for the debt obligations of guaranteed loans.**

I hereby give my full consent to BoBL for sharing my personal bio-data and financial information including security details relating to my loan account(s) with Royal Monetary Authority for Credit Information Bureau.

Date: .....

Place: .....



(Signature of Guarantor)

## IN CASE OF MEDICAL LOAN WITHOUT COLLATERAL

### Recommendation of Head of the Department:

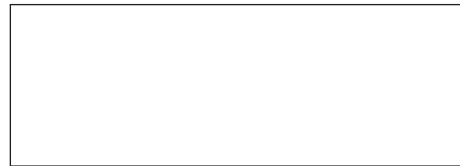
We hereby confirm that herein mentioned particulars of Dasho/Mr./Mrs./Miss (applicant) .....  
..... Dasho/Mr./Mrs./Miss (guarantor) .....  
of our Department/Ministry are correct.

If the loan of Nu. .... (Ngultrum ..... ) is sanctioned to him/her by the bank then we undertake to recover regularly from his/her salary a sum of Nu. .... per month as stipulated and shall be promptly deposited with the nearest branch of the Bank of Bhutan Limited till entire loan outstanding is liquidated in their books. We further undertake that in the event of default on the part of the applicant or his/her leaving the service or in other exigencies, if the loan is still unpaid, his/her last salary/gratuity/ provident fund, etc. will be paid to the BoBL towards adjustment of the loan.

We further confirm that in event of transfer of the employee to any other Department/Establishment, the relative loan outstanding/stipulated installments will be mentioned in the employee's "Last Pay Certificate". Also the information about the employee's transfer will be conveyed to the Bank. **Salary slip given by disbursing/account officer of the above applicant and guarantor is enclosed.**

### Recommendation Officer

(Employer's Signature)



Name: .....

**Official Seal**

Designation: .....

Office Contact No: .....

**Note: You are required to bring the original copies of all the documents for verification by the Bank of Bhutan Limited. The application should be signed at the end of all pages by the borrower.**

**e-PEMS**

**Recommendation of Head of the Department:**

We hereby confirm that herein mentioned particulars of Dasho/Mr./Mrs./Miss (applicant) .....  
..... Dasho/Mr./Mrs./Miss (guarantor) .....  
of our Department/Ministry are correct.

We undertake that in the event the applicant resigns/retires/separate from the office for other reason, we will intimate Bank of Bhutan immediately, if the loan is still unpaid, his/her last salary/gratuity/provident fund, etc. will be paid to the BoBL towards adjustment of the loan.

We further confirm that in event of transfer of the employee to any other department/establishment, the information about the employee's transfer will be conveyed to the Bank. **Salary slip given by disbursing/account officer of the above applicant and guarantor is enclosed.**

**Recommendation Officer**

(Employer's Signature)



Name: .....

Designation: .....

Office Contact No: .....

**Official Seal**

**Note: You are required to bring the original copies of all the documents for verification by the Bank of Bhutan Limited. The application should be signed at the end of all pages by the borrower.**

## AFFIDAVIT FOR e-PEMS SALARY BASED LOANS

Mr./Mrs./Miss ..... CID No. ....  
working under ..... Ministry/Agency/Department has maintained  
Savings Account No. .... with your bank and hereby declare that his/her monthly  
salary is being disbursed in the above mentioned savings account.

**In the event the applicant resigns/retires/separate from the office for other reasons, we will intimate Bank of  
Bhutan immediately (Annexure 3).**

**SIGN and SEAL by Accounts Officer/Finance Manager.**

Mobile No: .....

Office Address: .....

Office No: .....

Email ID: .....

Date: .....



To,  
The Branch Manager,  
Bank of Bhutan Limited,  
Branch: .....

Date: .....

### Undertaking Letter

I, Mr./Ms./Mrs. .... bearing CID No. ....  
an employee of ..... Department/Organization would like to undertake that  
I have availed the following loan products:

| Account No. | Name of the Bank | Loan Type | Loan Limit | Outstanding | EMI | Status | Validity |
|-------------|------------------|-----------|------------|-------------|-----|--------|----------|
|             |                  |           |            |             |     |        |          |
|             |                  |           |            |             |     |        |          |
|             |                  |           |            |             |     |        |          |
|             |                  |           |            |             |     |        |          |
|             |                  |           |            |             |     |        |          |

I declare that the above information is true, correct and complete and up to date in all respect and I have not withheld any information and if any information is found to be withheld, **I shall be liable for criminal offence as per the existing laws of the Kingdom of Bhutan.**

I hereby authorise Bank of Bhutan to recover the stipulated installments including interest from my salary every month. In the event of non-payment on my part or my leaving the service of the organisation or in the other exigencies, if loan is still unpaid, I give my full consent to BoB to adjust the loan amount outstanding against me with interest from my provident fund balance / or gratuity payable to me and / or any other amount due to me from my CASA account.

Affix Legal Stamp  
(Joint Signature for borrower and witness)

#### Signature of Borrower

Name: .....  
CID No: .....  
Mobile No: .....  
Ministry/Agency: .....

#### Signature of Witness

Name: .....  
CID No: .....  
Mobile No: .....  
Ministry/Agency: .....



## DECLARATION

I/we understand that the information provided by me will be used to determine my eligibility for the loan I am applying and in this context I declare that the information given in the application form/data on gross disposal income from all sources and outstanding amount of credit availed from all Financial Institutes are correctly provided and monthly repayments as declared by me/us are true and complete to the best of my/our knowledge and belief.

And if any of it is found to be incorrect, I/we may be penalised in form of the loan being recalled and I shall be liable to action that the BoBL may deem fit.

I/we sign this undertaking after having proper knowledge on the subject and in a good state of health.

### Signature

Name: .....

CID No./License No: .....

Contact No: .....



### Signature

Contact Address: .....

Date: .....



## DECLARATION FOR ILLITERATE/CRITICAL PATIENT

The undersigned would like to declare the following:

1. I/We was present when Mr/Mrs ..... put his left/her right thumb impression on all the loan documents wherever applicable for the loan availed vide Account No. ....
2. I/We have explained all the contents of documents to Mr/Mrs ..... in the language best understood by him or her.
3. I have been informed by Mr/Mrs ..... that she /he clearly understood all the terms and conditions, including the implications specified in the documents.
4. I/We have verified the original citizen card of the patient.

The above declaration is made to the best of my/our ability and noting material has been concealed there form.

I/we sign this undertaking after having proper knowledge on the subject and in a good state of mind.



**Signature (Patient):**

Name: .....

CID No: .....

Mobile No: .....

Date: .....

**Signature (BOB Staff):**

Name: .....

CID No: .....

Mobile No: .....

Date: .....

**Signature (Witness):**

Name: .....

CID No: .....

Mobile No: .....

Address: .....