

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*				Photograph of Applicant (if applicable)	Photograph of Patient
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. .... 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: Name: ..... CID No: ..... 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: ..... Office Address: ..... PO Box No./Office No: .....		
23. Account maintained with BoBL*			

Applicant's Signature: .....

24. Residential Address*	Location: ..... Mobile No: ..... Personal Email ID: .....
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25. Permanent Address*	Household No: ..... House No: ..... Thram No: ..... Village: ..... Gewog: ..... Dungkhag: ..... Dzongkhag: .....
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**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)

<b>Types of Interest:</b>	(TICK)
	YES
a. Loan on Floating Interest Rate Basis: Interest is subject to change as per following:	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
<p><b>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.</b></p>	
<p><b>Applicant's Signature: .....</b></p>	

**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. .... 2. .... 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: Name: ..... CID No: ..... Mobile No: .....				
k. Residential Address*	Location: ..... Mobile No: ..... CID No: .....				
l. Permanent Address*	Household No: ..... House No: ..... Thram No: ..... Village: ..... Gewog: ..... 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:

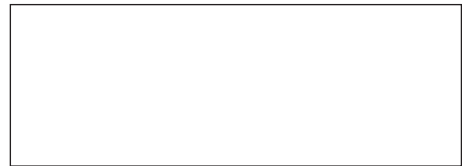
We hereby confirm that herein mentioned particulars of Dasho/Mr./Mrs./Miss (applicant) .....  
..... Dasho/Mr./Mrs./Miss (guarantor) .....  
of our Department/Ministry are correct.

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.**



## 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: .....

Date: .....

.....  
.....  
.....

(Address of the borrower's employer)

Dear Sir,

**IRREVOCABLE LETTER OF AUTHORITY  
BOBL LOAN SCHEME: MEDICAL LOAN  
LOAN ACCOUNT NUMBER: .....**

1. I ..... am an employee of your department/organization. The Bank of Bhutan Limited, ..... branch has agreed to sanction/granted a loan of Nu. .... /- (Ngultrum ..... ) to me under their captioned scheme for the purpose of .....
2. I hereby authorize you to recover by deduction from my salary payable to me by you, a sum of Nu. .... /- (Ngultrum..... ) only every month to loan settlement Account No. ...., beginning from the month of ..... Year ..... representing the monthly installment payable by me to the Bank of Bhutan Limited, ..... branch.
3.
  - a. In case of my demise, retirement, resignation or discontinuing the service for any reason, I hereby authorize you to pay an amount payable on my account from my entitled benefits, to the Bank of Bhutan Limited.
  - b. In the event of failure to make the monthly installment due to the transfer of the concerned accounts official or due to lapses of the office and I am being paid my salary without deducting the monthly installment, the matter shall be immediately brought to the notice of the office and rectified accordingly.
4. I hereby agree that I shall not be entitled to withdraw or revoke this authority even in case of my transfer, or otherwise, until the whole of my debt inclusive of interest etc. to Bank of Bhutan Limited is liquidated, and a written consent of the Bank is obtained.

Affix Legal Stamp

**Signature of Witness**

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

**Signature of Borrower**

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



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

Date: .....

Dear Sir,

**IRREVOCABLE LETTER OF AUTHORITY**  
**BOBL LOAN SCHEME: MEDICAL LOAN**  
**LOAN ACCOUNT NUMBER: .....**  
**IN FAVOR OF MR/MRS: .....**

1. "We certify that Mr/Mrs ..... is a regular employee of this department/ organization drawing gross salary of Nu. .... /-, and a net salary of Nu. .... /- per month. The salary slip issued by us is certified to be true and correct".
2. In view of your agreeing to grant / to him/her a loan of Nu. .... /- (Ngultrum ..... ) only under the captioned scheme, we have received and noted:
  - i. The irrevocable letter of authority from the employee, for deducting a sum of Nu. .... /- (Ngultrum ..... ) from his/her salary per month with effect from the month of ..... Year ..... and remit the same to you for crediting to his/her loan account till we receive further instructions from your end.
  - ii. The irrevocable letter of authority from the employee for debiting his/her salary every month and credit
  - d. to his/her loan settlement Account No. .... maintained with the Bank of Bhutan Limited, ..... branch, till we receive further instructions from your end.
  - e. iii. The irrevocable letter of authority in respect of making payment out of any amount payable to the employee including the amount payable by way of terminal benefits like P.F. and gratuity etc. in case of
  - f. his / her demise, retirement, resignation or discontinuing the service for any reason whatsoever,
  - g. shall be remitted to the Bank of Bhutan Limited, ..... branch, towards the repayment of the balance outstanding in the aforesaid loan account together with interest etc., and such payment shall be deemed to be a payment to the employee or on his/her account.
  - iv. The employee agrees that he/she will not be entitled to withdraw or revoke his/her authority, even in case of his/her transfer, until the whole of his/her debt inclusive of interest to the Bank of Bhutan Limited, ..... branch is liquidated and a written consent of the Bank is obtained.
8. In the event of transfer of the employee elsewhere, we undertake to convey the instructions to the transferee office under advice to you, immediately.

Yours faithfully,

(Signature of the Officer)  
Authorised to disburse salary and allowances

Place: .....