འབྲུག་གི་དཔལ་ཁང་།

BOB

BANK OF BHUTAN

A dhi Company

Branch: .....

Date: D D M M Y Y Y Y

COLLATERAL BASED MEDICAL LOAN APPLICATION FORM

Do you have an account?	Yes ◯ No ◯ Account Number ..... (If no, please open saving account first)		
Name			
CID No.			
Contact No.		Email ID	
DETAILS OF MEDICAL LOAN			
Loan Amount	Nu..... Ngultrum.....only (In words)		
Loan Tenure	.....Years		

REPAYMENT SOURCE		
Rental income (As per PIT)	**Monthly salary (As per payslip)**	**Business income (As per BIT)**

DETAILS OF THE PATIENT			
Do you have an account?	Yes ◯ No ◯ Account Number ..... (If no, please open saving account first)		
Name			
CID No.			
Contact No.		Email ID	
Name of the Hospital			
Country			
GUARANTOR/ MORTGAGOR DETAILS (Fill in, if required)			
Do you have Account?	Yes ◯ No ◯ Account Number ..... (If no, please open saving account first)		
Full Name			
CID No.			
Contact No.		Email ID	
Tick (If applicable)	Guarantor ◯ Mortgagor ◯		

*** Customer Tip: A **Mortgagor** gives the bank a legal claim over their property as security, whereas a **Guarantor** legally promises to step in and pay back the loan if the borrower defaults till the liquidation of the loan.*

 འབྲུག་གི་དཔལ་ཁང་།

BOB

BANK OF BHUTAN

A dhi Company

SECURITY DETAILS

Existing Security		Yes ◯ No ◯				
TYPE (LAND) BUILDING	**THRAM NO.**	**PLOT NO.**	**LOCATION**	**AREA (Sqft/no Storey)**	**OWNER'S NAME**	**OWNER'S CID**

PRE-CUSTOMER CONSENT FOR USAGE OF PERSONAL INFORMATION/DATA

I hereby provide my pre-consent to BoBL to use my personal/business information for Regulatory requirements. All information provided is correct and true to the best of my knowledge. The Bank reserves the right to accept or reject the application. Accepting the application by the bank would not guarantee the sanction of the said loan.

Signature of the Applicant
Date: .....
Place: .....

Signature of the Student
Date: .....
Place: .....

Signature of the Guarantor/Mortgagor
Date: .....
Place: .....

CHECKLIST REQUIREMENT

- Application form duly filled by the applicant OR Digital Application form present in BoBLoan;
- Proof of identity for an applicant and the guarantor;
- Proof of identity for an of patient;
- Medical invoice / bill (can be submitted after the treatment);
- Medical Referral report;
- Power of Attorney (If the patient is authorizing another person to apply for loan mortgaging the patient's security);
- Proof of income to service the loan repayment
- A copy of ownership certificate(s) of the mortgage offered to bank in-case of individuals providing fixed assets;
- Consent letter from the joint owner if the mortgage provided is in joint ownership;
- For family owned land, family tree issued by Department of Civil Registration and Census, and No Objection Certificate from family members (18 years and above);
- Valid insurance copy of the mortgage offered in case of buildings.