BANK OF BHUTAN
A dhi Company

Branch: .....

Date: D D M M Y Y Y Y

SALARY 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	
Salary Remittance	e-PEMS ◯ Non e-PEMS ◯ DK ◯ Others.....		
FOR IN-SERVICE ONLY			
Ministry/Agency			
Designation/Grade			
Date of Joining Service			
Date of Retirement			
Nature of Employment	Regular ◯ Contract ◯ Executive Contract ◯ (If contract.....Months remaining)		
PATIENT DETAILS			
Do you have an account?	Yes ◯ No ◯ Account Number: .....(If no, please open saving account first)		
Name			
CID			
Contact No.		Email ID	
Relation to loan applicant			
Treatment Details			
Name of the Hospital			
Country			
Medical Expenses			
DETAILS OF MEDICAL LOAN			
Loan Amount	Nu. ..... Ngultrum.....only (In words)		
Loan Tenure	.....Years		
REPAYMENT SOURCE			
Monthly salary (As per Payslip)	Nu.		

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A dhi Company

GUARANTOR DETAILS (Fill in, if required)			
Do you have Account	Yes ◯ No ◯ Account Number: .....(If no, please open saving account first)		
Name			
CID No			
Contact No.		Email ID	
Designation/Grade		Date of Joining Service	
Date of Retirement			
Nature of Employment	Regular ◯ Contract ◯ (If contract.....months)		

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	Signature of the Guarantor	Signature of the Patient
Date:	Date:	Date: .....
Place:	Place:	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)
- The Latest Original Pay Slip of the applicant(s) and guarantor duly filled, signed and sealed by salary disbursing Officer;
- Appointment letter or latest promotion order or concern letter;