



City Bank PLC.
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SL No:

City Medical File Application Form

Medical File No.

A/C With CBL

Name of the Patient

Address of the Patient

Date of Birth Nationality

Contact No

Passport No Date of Issue

Date of Expiry Place of Issue

Name & Address of the medical instruction where treatment will be Proucured

Name of the Disease

Name of the Treatment

Related By

Total Estimated Expenses Operation Medicines

Counseling Medical Advice Boarding & Lodging in Hospital Outside

Total Amount To be remitted in Advance

Details of foreign currency purchase in any

Details of the Nominee

Name

Address

Contact No

Bank A/C with CBL, if any Profession

Relation ship with Patient

In light of the details given above, I may kindly be allowed to purchase foreign Currency amounting to _____

Towards Operation _____ Towards Medicines _____ Towards Other Expresses. _____

To the best of my knowledge, the information given here are all true, I will be responsible for all the discrepancies if there are any,

Signature of Patient _____ Signature of the Nominee _____ Branch MRS Dealing Officer _____

FOR BANK USE ONLY

Medical File No. File Opening Date

A/C with CBL Branch

Passport No FDD/FFT/Issued amounting

In Favour of on

Branch MRS Dealing Officer _____ BSSMUCSM _____

City Bank PLC.

City Medical File

Patient Name

Medical File No

A/C with CBL

Name of the Hospital

Name of theCountry

File Opening Date:

Branch

Name of the Disease

Passport No.

Branch MRS Dealing Officer _____ BSSMUCSM _____

We hereby declare that the above particulars are correct. In case any information above is found to be incorrect, we will jointly and severally refer ourselves liable for action under the Foreign Exchange Regulation Act, 1947.

Document & Information Check list

Sl.	Documents/Information	Yes	No
1	Recommendation of the medical board or from appropriate medical specialists		
2	Cost estimation of the foreign medical institution		
3	Nominee details		
4	Photocopy of the passport		
5	Photograph of the patient		
6	All treatment documents (at Bangladesh)		

We hereby also declare that we will bear all the charges associated with CBL Medical Related Services. Any foreign correspondence charge arriving later on will be borne by the patient.

Signature of the Patient

Signature of the Nominee

Branch MRS Dealing Officer



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