



The City Bank Limited
 Head Office: City Bank Center
 136 Gulshan Avenue, Gulshan-2, Dhaka-1212
 Tel: PABX 8813483 Fax: 88-02-9884442
 E-mail: info.mrs@thecitybank.com

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 institution where treatment will be prosecuted

Name of the Disease

Name of the Treatment

Referred By

Total Estimated Expenses Operation Medicines

Consulting Medical Advice Boarding & Lodging in Hospital/Outside

Total amount to be remitted in advance

Details of foreign currency purchase, if any

Details of the Nominee

Name

Address

Contact No.

Bank A/C with CBL, if any Profession

Relationship 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 Expenses.

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/FTT/Issued amounting

In favour of on

Branch MRS Dealing Officer

BSSM/CSM

The City Bank Ltd.

City Medical File

Patient Name

Medical File No. File Opening Date

A/C with CBL Branch

Name of the Hospital Name of the Disease

Name of the Country Passport No.

Branch MRS Dealing Officer

BSSM/CSM

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



www.thecitybank.com