



Date:

Dear Sir/ Madam

Document Checklist for Application of Special Zero-Interest Medical Loan Scheme – Against PG and ISP

Thank you for your interest in our products and services.

We hereby acknowledge receipt of application for a Loan under the *Special Zero-Interest Medical Loan Scheme* for an amount of MUR, supported by the documents marked ‘collected’ below.

To allow us to complete the application process, please submit all the documents marked ‘missing’ in the checklist below. You are kindly requested to submit the documents within a period of 7 days as from today, after which the application will not be valid anymore (*Please disregard in case all documents submitted*).

	Documents Required	Collected	Missing
1	Identity Card of borrower and beneficiary	<input type="checkbox"/>	<input type="checkbox"/>
2	Recent proof of address not more than 3 months of borrower and beneficiary	<input type="checkbox"/>	<input type="checkbox"/>
3	Birth Certificate of borrower If married, documents below for spouse <ul style="list-style-type: none"> ▪ Identity card ▪ Birth certificate ▪ Marriage certificate 	<input type="checkbox"/>	<input type="checkbox"/>
4	Birth Certificate of beneficiary	<input type="checkbox"/>	<input type="checkbox"/>
5	Last 3 - 12 months original salary slips or emoluments for borrower	<input type="checkbox"/>	<input type="checkbox"/>
6	Bank statements for last 6 - 12 months of borrower (where salary not credited)	<input type="checkbox"/>	<input type="checkbox"/>
7	Salary undertaking letter of borrower	<input type="checkbox"/>	<input type="checkbox"/>
8	Letter of confirmation of borrower	<input type="checkbox"/>	<input type="checkbox"/>
9	Identity Card of guarantor	<input type="checkbox"/>	<input type="checkbox"/>
10	Last 3 - 12 months original salary slips or emoluments for borrower	<input type="checkbox"/>	<input type="checkbox"/>
11	Bank statements for last 6 - 12 months of borrower (where salary not credited)	<input type="checkbox"/>	<input type="checkbox"/>
12	Salary undertaking letter of borrower	<input type="checkbox"/>	<input type="checkbox"/>
13	Letter of confirmation of borrower	<input type="checkbox"/>	<input type="checkbox"/>
14	Medical certificate from a Medical Practitioner certifying that the Beneficiary* (Refer to section 1) requires to undergo a treatment.	<input type="checkbox"/>	<input type="checkbox"/>



15	Quotation from a licensed private hospital including the proposed treatment which is eligible to be financed under the Scheme and shall be clearly specified. The Quotation shall include the requirement in connection with the eligibility specified as per Section 2 and the recommended date of intervention (especially in case of surgery) duly signed by the Private Hospital and a Medical Practitioner.	<input type="checkbox"/>	<input type="checkbox"/>
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The following charges will be applicable: -

Charges	Amount
MCIB charges	Rs50/- per report
Registration Fees	As per the Registration Duty Act & Stamp Duty Act

Section 1

*Beneficiaries are people who will receive treatment and Borrowers are people who will be responsible for contracting and repayment of the loan. In some cases, the Borrower may be the Beneficiary

Section 2

The Scheme shall not cover cost of any accompanying persons except for patients under the age of 12 years.

The onus to provide documentary evidence relies with the Guardian/Parent/Accompanying person.

Thank you for banking with us. We remain available to assist you in your future needs.

Yours faithfully,

I / We,, acknowledge receipt of the above letter

Signature:

Signature:

Date: