See Chapter	12	
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Para 2

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## APPLICATION FORM FOR FOREIGN EXCHANGE FOR MEDICAL TREATMENT ABROAD

То	
	bank
	(Name of the AD)
	Branch
	(Authorised Dealer branch)
1.	Name and address of the applicant
2.	Nationality, Passport No., date and place of its
	issue.
3.	Age
4.	Period of continuous residence in Bangladesh
5.	Nature of disease
6.	Particulars of treatment already received
7.	Names of Institutions/Doctors who have carried out
	the above treatment
8.	Treatment contemplated in which country/countries
9.	Anticipated length of stay abroad for treatment
10.	Estimated cost of the treatment
	(i) Estimated expenses for operation.
	(ii) Estimated expenses for medicines.
	(iii) Estimated expenses for consulting Medical Advice.
	(iv) Estimated expenses for boarding and lodging in Hospital/outside.
	Total

......P/2

See Chapter 12 Para 2

**Important Instructions** -

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etailed account of the expenses incurred by me in could submit to them medical/hospital bills/vouchers rival in Bangladesh from	s in support of the statement immediately after
ate	Signature of the Applicant Name and full address
CERTIFICATE OF THE MEDICAL B	BOARD/SPECIALIST PHYSICIAN
CERTIFICATE OF THE MEDICAL B	BOARD/SPECIALIST PHYSICIAN
	BOARD/SPECIALIST PHYSICIAN

- 1. Applicants are advised to support their applications with all documentary evidence available.
- 2. Exchange facility for medical treatment will be allowed subject to the conditions that a statement of expenditure together with supporting vouchers will be submitted to the bank issuing foreign exchange. Those not producing such a statement will be liable to action under Foreign Exchange Regulation Act, 1947.
- 3. Request for further remittances of foreign exchange should be routed through Bangladesh Embassy/High Commission concerned duly supported by a statement of account and bills for the initial release of foreign exchange.