

**HSWS WELFARE LOAN APPLICATION FORM**

**HSWS/WLA/ IIIA**

The Manager,  
Health Staff Welfare Scheme  
MOH: Thimphu.

Date:.....

Sub: **Application for HSWS Loan**

Sir/Mdm,

I, would like to request HSWS management to kindly release me a loan of Nu..... for the purpose of ..... from HSWS corpus which shall be repaid with installments of Nu..... per month. I declare my personal details as provided below:

Personal Details to be filled in by member applicant			
Applicant Name*:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
CID No*.		Employee ID No*.	
Date of joining Service*		Service type	Regular/Contract/Others
<b>Marital status*:</b> Married/ Not Married (If Married please provide spouse details)			
Name of the spouse:.....		CID No.....	
*Name and Address of Employer/Agency	Name of Working Agency:..... Division/Dept:..... FaxNo:..... Dzongkhag:.....		
Bank a/c No*:	Name of Bank	Branch	
Valid Email id of the applicant employee:			
Date of joining HSWS*		Have you availed HSWS loan before?	Yes / No

**Declaration of Guarantor:** I, the undersign hereby undertake to repay the HSWS loan along with applicable interest in the event of non-recovery of loan from the borrower Dr/Mr/Mrs/Ms..... who is known to me.

Name of the Guarantor*:		CID No*:
Employment address:		EID:
Permanent Address: Village:..... Dzongkhag: ..... Tharm No:.....		Legal stamp  Signature of the Guarantor/Surety
Phone No*:	Mobile*:	

**\*All fields compulsory**

I declare that the above information along with the information given under ENCLOSURE is true, correct, complete and up to date in all respect and I have not withheld any information. In the event any information so provided in this form is found false or misleading, I shall be liable under the law as deemed proper. I understand that upon approval of the loan requested by me, I am obliged to settle the loan accordingly as per the provisions of the HSWS bylaw. I am also bound to inform the HSWS of any change in the detail given above.

In the event loan remains outstanding, I authorize HSWS management to recover from my above bank account/service benefits or be settled by the guarantor within a specified period intimated by HSWS management.

Affix legal stamp



.....  
Name & Signature of the applicant employee

..... Mobile No:.....  
Email ID of the applicant

Verified by.....(HOD/MS/CMO/Adm.Officer/Incharge)

**FOR HSWS OFFICE USE ONLY:**

Based on the authority granted by HSWS by-law..... (The applicant)  
Dr/Mr/Mrs/Ms..... Is hereby approved Nu.  
..... (In words.....) HSWS loan  
with interest rate of ..... payable in monthly equated amount of Nu..... (In  
words.....) of .....installments. The installments falls  
due on ..... of every month beginning ..... The loan is released vide  
Cheque No..... dtd.....

**Endorsed by:**

**Approved by:**

.....  
Name & Signature of HSWS Treasurer

.....  
**Name and signature of approving authority**

**NB:**

1. The application must be accompanied by;
  - a. CID copy of the applicant employee with one passport size Photograph.
  - b. CID copy of the guarantor/surety, undertaking to repay the HSWS loan on behalf of applicant
  - c. Copy of latest pay slip of the applicant (issued and certified by the Adm officer/accounts officer of the agency where applicant is employed)
  - d. Standing Instruction (Form-IIIB), authorizing Bank to transfer the monthly Installments to HSWS Account.
  - e. Completed form must be scanned and emailed to Manager HSWS at- [hswsmoh@gmail.com](mailto:hswsmoh@gmail.com)

To,  
 Manager,  
 Bank of Bhutan Ltd. /Bhutan National Bank Ltd.,  
 Thimphu: Bhutan.

**Subject: Standing Instruction for remittance to Health Staff Welfare Scheme Loan A/c.**

Dear sir/Madam,

I, the undersigned hereby authorize Bank of Bhutan Ltd/Bhutan National Bank Ltd. to set up Standing Instructions on my account to transfer monthly EMI Nu. .... (In words.....)as follows:

<b>DEBIT: FROM MY BANK ACCOUNT NO</b>			
<b>BANK NAME</b>		<b>BRANCH</b>	
<b>ACCOUNT HOLDERS NAME</b>			
<b>CREDIT: Health Staff Welfare Scheme (CA)</b>		<b>Account No</b>	<b>100911124</b>
<b>BANK NAME</b>	BOB	<b>BRANCH</b>	THIMPHU

The SI unless withdrawn with mutual consent of the relevant parties shall remain valid till.....

Yours Sincerely

Signature of the Account Holder

Date:

Name of applicant client.....

Citizenship ID No.....

Contact No.....

**(NB: All borrowers are requested to complete the SI and forward the scanned copy to email; hswsmoh@gmail.com)**