



གསོ་བའི་ལས་གཞི་གཤམ་མེན་དེ་ལས་འཆར།
HEALTH STAFF WELFARE SCHEME
Ministry of Health
Thimphu : Bhutan



HSWS/SI/ IIB

The 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 with effect from on my account to transfer monthly EMI Nu. (In words.....)as follows:

DEBIT: FROM MY BANK ACCOUNT NO			
BANK NAME		BRANCH	
ACCOUNT HOLDERS NAME			
CREDIT: Health Staff Welfare Scheme (CA)		Account No	100911124
BANK NAME	BOB	BRANCH	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The SI unless withdrawn with mutual consent of the relevant parties shall remain valid till.....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 HSWS borrowers are requested to complete the SI and forward the scanned copy to email; hswsmoh@gmail.com)