

Place, Date

Ref no. : ---/---/--

To : BNI Singapore Branch

Attn : Customer Service Department

Fax no. : +65 6223 2246

Email : csd@ptbni.com.sg dan fauzanah@ptbni.com.sg

Dear Mdm,

CONFIRMATION LETTER NO.: ---/---/-- DATED --/--/20--

Please be informed that we, PT Bank Negara Indonesia (Persero) Tbk, Network Division will be bearing all medical expenses as per medical bills received from Gleneagles Hospital and National University Hospital. Kindly process the Hospital Guarantee for below mentioned.

- I. Applicant's name as per passport : _____
Applicant's passport no. : _____
- II. Patient's name as in passport : _____
Patient's passport no. : _____
Relationship to applicant : The patient is my _____

You are authorized to debit BNI-HO account with you for all medical expenses and bills received for the above mentioned patient.

As such, our responsibilities with regards to this application have been fully transferred to BNI Singapore.

PT. Bank Negara Indonesia (Persero) Tbk.
.....Branch,

Authorize Signatories
Title