

Place, Date.....

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

Date : --/--/20-- (day/month/year)

To : Name of Hospital

Dear Sir,

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

This letter serves only as a notice that the person stated below has applied for a Hospital Guarantee via BNI Singapore and consented to the disclosure of any information relating to the Hospital Guarantee to any party that BNI Singapore may deem fit.

I. Applicant's name as per passport : _____
Applicant's passport no. : _____

II. Details of patient must be completed only if applicant is paying on behalf of patient
Patient's name as in passport : _____
Patient's passport no. : _____
Patient's hospital ID no. : _____
Relationship to applicant : The patient is _____

Kindly refer to the Hospital Guarantee issued by BNI Singapore to (Name of Hospital) for confirmation.

As such, our responsibilities with regards to this application have been fully completed.

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

Authorize Signatories
Title