
APPLICATION FORMS & REPORTING FORMATS

APPLICATION FOR PURCHASE OF FOREIGN EXCHANGE FOR PRIVATE TRAVEL ABROAD

NAME OF BANK.....

PLACE.....

1. Name of the Traveler:

2. Address:

3. Citizen Identity Card No:

4. Passport No:(**Attach photo copy**)

Date of Issue:

DD	MM	YY

Date of Expiry:

DD	MM	YY

Date of Departure from Bhutan (**Attach a copy of confirmed air ticket**)

DD	MM	YY

Amount Requested: US \$ Others

UNDERTAKING

I hereby certify that the foreign exchange applied for, is solely for the purpose stated above and all the statements and declarations made herein are true to the best of my knowledge and belief.

Date: _____ Signature of the applicant: _____

For official use below this line

Authorization No:

You may release foreign exchange of:
US \$ _____ (_____) only

Others _____ (_____) only

to Mr/Ms/Mrs : _____ (whose signature is attested above)

The Authorization is valid upto _____ **Authorized Signatory** _____
(SEAL)

APPLICATION FOR PURCHASE OF FOREIGN EXCHANGE FOR BUSINESS TRAVEL ABROAD

NAME OF BANK.....

PLACE.....

1. Name of the Traveler:

2. Citizenship Identity Card No:

3. Passport No: Date of Issue: Date of Expiry:
DD MM YY DD MM YY

4. Date of Departure:
DD MM YY

5. Please attach photo copies of the following documents:
- i. Passport
 - ii. Confirmed air ticket
 - iii. Travel itinerary & Invitation letter
 - iv. Business/Trade license

6. State the amount required: US \$/Others_____ (If the amount required is more than the normal daily allowance, please provide the breakdown by purpose along with copies of correspondences or invoices to substantiate such expenses)

Purpose	Amount

UNDERTAKING

I hereby certify that the foreign exchange applied for, is solely for the purpose stated above and all the statements and declaration made herein are true to the best of my knowledge and belief.

Date: _____

Signature_____

For official use below this line

AUTHORIZATION

Authorization No:

You may release foreign exchange of: US \$ _____ (_____) only

Others _____ (_____) only

to Mr/Mrs/Ms: _____ whose signature is attested above

The Authorization is valid upto_____

Authorized Signatory_____

(SEAL)

APPLICATION FOR PURCHASE OF FOREIGN EXCHANGE FOR STUDIES & TRAINING ABROAD

NAME OF BANK.....

PLACE.....

1. Name of the applicant:

2. Address:

3. Citizen Identity card No.:

4. Passport No: (**Attach a passport copy**)

Date of Issue:

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YY

Date of Expiry:

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YY

5. Name and address of the Institution where admission has been obtained:
(**Attach a copy of letter of Acceptance**)

6. Name of the course to be pursued:

7. Date of commencement:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Duration:

8. Foreign Exchange Requirement:	Currency	Amount	Mode of payment
i. Tuition fees: (enclose a copy of fee scheduel from institute)	_____	_____	<input type="text"/>
ii. Stipend: (Not exceeding US \$ 900.00 p.m.)	_____	_____	<input type="text"/>
iii. Living allowance/Incidental expenses: (Not exceeding US \$ 1500.00 p.m.)	_____	_____	<input type="text"/>
Total Amount	_____	_____	

(Please note that release in the form of cash will be subject to submission of a copy of confirmed tickets (ex-Bhutan) in respect of stipend/living allowance)

9. Please provide the following details:
i. Name of the Beneficiary:

ii. Account Number:

iii. Name and address of the Bank:

UNDERTAKING

I hereby certify that I am sponsoring the student/trainee and all the declaration made by him/her are true to the best of my knowledge and belief, and the foreign exchange applied for, is solely for the purpose stated above

Date: _____ Name & Signature of the Sponsor: _____

For official use below this line

AUTHORIZATION

Authorization No:

You may release foerign exchange of:

US \$ _____ (_____) only

Others _____ (_____) only

to the above beneficiary: _____

The authorization is valid up to: _____ **Authorised Signatory:** _____
(SEAL)

APPLICATION FOR PURCHASE OF FOREIGN EXCHANGE FOR MEDICAL TRAVEL ABROAD

NAME OF BANK.....

PLACE.....

1. Name of the Patient:

2. Address & Contact No.:

3. Citizenship Identity Card No.:

4. Please provide the breakdown of the estimated requirement of foreign exchange as indicated in the medical bills (Attach a copy of medical bills).

Purpose	Currency	Amount	Mode of Payment (TT/DD)

Total amount required _____

5. Please provide the following details

i. Name of the Beneficiary:

ii. Name & Address of the Bank:

iii. Account Number:

UNDERTAKING

I hereby certify that the foreign exchange applied for, is solely for the purpose stated above and all the statements and declarations made herein are true to the best of my knowledge and belief.

Date: _____

Signature: _____

For official use below this line

AUTHORIZATION

Authorization No.:

You may release foreign exchange of:

US \$ _____ (_____) only

Others _____ (_____) only

to the above beneficiary: _____

The Authorization is valid upto _____ **Authorized Signatory:** _____
(SEAL)

APPLICATION FOR THE PURCHASES/REMITTANCES OF FOREING EXCHANGE

Ref.No.....

Date:

If payment by cash Beneficiary Name:	Amount to be Paid:
	Purpose of Payment:
Bank Details Bank Address:	Account No. to be debited:
Beneficiary Account No.:	Please tick below Mode of Payment by: <input type="checkbox"/> Cash <input type="checkbox"/> SWIFT/Electronic Transfer <input type="checkbox"/> Demand Draft
Prepared by: Designation: Please tick: Ministry/Corporation/Autonomous/Private/ Others	Authorized Signatory: