

**Medical Treatment****Application for release of foreign exchange for travel to Overseas for Medical Treatment**

To \_\_\_\_\_ Date: \_\_\_\_\_

The Manager

**Wirecard Forex India Private Limited**

Branch Name.....

Dear Sir,

I request you to release foreign exchange to me for my travel overseas to avail medical treatment as per details mentioned above

Name :

\_\_\_\_\_

Address :

\_\_\_\_\_

Nationality :

\_\_\_\_\_

Nature of ailment for  
Availing treatment abroad :

\_\_\_\_\_

Exchange requirement :

\_\_\_\_\_

**Passport & PAN Details**

Passport Name	Passport Number	Date of Issue	Place of Issue	Valid till	Contact No.	PAN No	Relationship with PAN Holder

Name of the Physician/

: \_\_\_\_\_

Surgeon treating the Patient

Name &amp; address of :

\_\_\_\_\_

Hospital/clinic where

\_\_\_\_\_

Treatment will be availed

\_\_\_\_\_

Annexure-AE

I certify that I am awaiting the foreign exchange for availing medical treatment as per details mentioned above and shall be utilized for the same purpose and all expenses for the same will be borne by me. I hereby declare that the transactions, details of which are specifically mentioned above does not involve, & is not designed for the purpose of any contravention or evasion of the provisions of Sec 10(5), Chapter 3 of the FEMA, 1999 or of any rule, regulation, notification, direction or order made thereunder.

I also hereby agree and undertake to give such information/documents as will responsibly satisfy you about this transaction in terms of the above declaration.

I also undertake that if we refuse to comply with any such requirement or make any unsatisfactory compliance therewith, the AD shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention/evasion is contemplated by me report the matter to RBI.

I further certify that I have not availed foreign exchange for the above purpose from any AD.

I enclose herewith cheques D.D./RTGS/NEFT No. \_\_\_\_\_ dt. \_\_\_\_\_ for

₹. \_\_\_\_\_ drawn on \_\_\_\_\_ towards the cost of the above exchange.

Yours faithfully

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**Encl:**

- Xerox copy of Hospital correspondence (if readily available only)
- Xerox copy of passport & VISA
- Xerox copy of air ticket