

To,  
The Manager,  
United Bank Limited,  
\_\_\_\_\_ Branch

Date:

**SUB:** Self-Declaration for Remittance for the purpose of Medical Treatment abroad

I, \_\_\_\_\_, holding CNIC No. \_\_\_\_\_  
hereby declare that I require the below-mentioned amount of foreign exchange essentially  
for the purpose of medical treatment abroad:

Currency:

Amount in words:

Amount in figures:

Name of Patient acquiring medical treatment:

CNIC No. of Patient:

Your relationship with Patient (Self/ Next of kin/ Sponsor):

\_\_\_\_\_  
Signature

(Please provide a copy of your CNIC)