

EX-COUNTRY REFERRAL GRANT FORM

(To be claimed by registered member only)

#	Details	Documents required
1	Name of the registered member	Produce approved documents of the Medical Board
2	Treatment purpose	
3	Date of approval by Medical Board	

I hereby declare and assure that all the information provided above is true and accurate.

Date:

Signature of the Registered Member**For BSWS Official Use Only****VERIFICATION:**

The documents of the above registered member bearing EID No, CID No, Registration No and approved referral order Nodated of the Medical Board are all checked and verified. Accordingly, a grant of Nu may be approved for the disbursement.

(GENERAL SECRETARY, BSWS)**APPROVAL:**

Approved and considered for the disbursement of Nu to the above registered member.

(CHAIRPERSON, BSWS)**DISBURSEMENT:**

A sum of Nu (in words) is disbursed to Mr/Mrs vide Cheque No dated on (d/m/y).

DISBURSED BY:**RECEIVED BY:****(TREASURER)****(Name, Date & Signature of Claimant with revenue stamp)**