

[Your Full Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

To,
The Branch Manager,
[Bank Name]
[Branch Name/Address]

Subject: Request for Outward Remittance for Overseas Medical Treatment

Dear Sir/Madam,

I am writing to request a cross-border wire transfer from my account [Your Account Number] for the purpose of medical treatment expenses abroad.

The details of the remittance are as follows:

- **Beneficiary Name:** [Hospital or Clinic Name]
- **Beneficiary Bank Name:** [Hospital's Bank Name]
- **Beneficiary Bank Address:** [Bank Address, City, Country]
- **SWIFT/BIC Code:** [Bank SWIFT Code]
- **IBAN/Account Number:** [Hospital's Account Number]
- **Currency and Amount:** [e.g., USD 10,000]
- **Purpose of Remittance:** Payment for Medical Treatment/Surgery
- **Patient Name:** [Name of Patient]
- **Relationship to Applicant:** [Self / Father / Mother / Spouse, etc.]

I have attached the following supporting documents for your verification:

- Medical Invoice/Estimate from the overseas hospital.
- Doctor's recommendation or referral letter.
- Copy of the patient's passport/ID.

Please debit the total amount along with any applicable bank charges from my above-mentioned account. I confirm that this transaction complies with all local foreign exchange regulations.

Thank you for your prompt assistance in this urgent matter.

Sincerely,

(Signature)
[Your Full Name]