

# Personal Loan Purpose Validation Letter

Date: [Insert Date]

To: [Loan Officer's Name]

[Bank/Financial Institution Name]

[Bank Address]

[City, State, Zip Code]

Dear [Loan Officer's Name],

I am writing to formally validate the purpose of my loan application for a personal loan in the amount of [Insert Amount]. The primary purpose of this loan is to cover necessary medical expenses that I have incurred.

Due to [brief explanation of medical condition or situation], I have had to seek medical treatment which has resulted in significant costs. These expenses include, but are not limited to:

- Medical consultations and examinations
- Hospitalization costs
- Prescription medications
- Other related healthcare services

Attached to this letter are copies of my medical bills, treatment summary, and other relevant documents to substantiate my claims and demonstrate the necessity of this loan.

I appreciate your understanding and support in this matter and look forward to your prompt response.

Thank you for considering my application.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]