

Loan Disbursement Confirmation

Date: [Insert Date]

To,

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you that your application for a dual-advance loan for medical emergencies has been approved. The total amount of [Insert Amount] will be disbursed as per the terms discussed.

Details of the loan disbursement are as follows:

- Loan Amount: [Insert Amount]
- Interest Rate: [Insert Interest Rate]
- Disbursement Date: [Insert Disbursement Date]
- Repayment Period: [Insert Repayment Period]

Please ensure that all required documents are submitted before the disbursement date. Should you have any questions, feel free to contact us at [Insert Contact Information].

Thank you for choosing [Your Institution Name]. We wish you a speedy recovery.

Sincerely,

[Your Name]

[Your Position]

[Your Institution Name]

[Your Institution Address]

[City, State, Zip Code]

[Contact Information]