

Credit Card Loan Application

Date: [Insert Date]

To,

The Manager,
[Bank Name]
[Branch Address]

Subject: Application for Credit Card Loan for Medical Expenses

Dear Sir/Madam,

I am writing to formally request a credit card loan to cover medical expenses incurred for [Patient's Name] who is undergoing treatment for [Specify Medical Condition] at [Hospital/Clinic Name]. The total amount required is [Specify Amount], with the expectation of having the funds available by [Specify Date].

Due to the unexpected nature of these medical expenses, I would like to utilize my existing credit limit to assist in covering these urgent costs. My credit card details are as follows:

Credit Card Number: [Insert Number]
Account Holder Name: [Insert Your Name]

I have been a customer of [Bank Name] for [Duration] and have maintained a good credit history throughout this period. I appreciate your assistance in processing this request as quickly as possible.

Thank you for considering my application. I look forward to your prompt response.

Sincerely,
[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]