

Application for Credit Facility

*All applications are subjected to approval by NHGD. You will receive a notification via email when the credit facility is approved.

All patients who have been referred for laboratory or radiological investigations should make payment at the respective NHGD counter while the application is still under review.

Company Type:

Sole-proprietorship

Partnership

Limited Liability Partnership (LLP)

Private Limited Company

Total Staff Strength: employees as at Years of Incorporation:

Billing Address (if different from clinic address above):

Contact Person: Designation:

Contact no: Email:

By submitting this application, I/We hereby confirm our application for a credit account and agree to pay for services rendered within the credit term set by NHG Diagnostics.

Name
Designation:

Company Stamp

Date: