



SHORT TERM FINANCING LOAN APPLICATION
FOR REGIONAL HOSPITAL DISTRICTS

Date: _____

The _____ (Regional Hospital District legal name)

of _____ (Address)

hereby applies for short term financing under the program established by the Municipal Finance Authority of British Columbia under section 11 & 11.1 of the Municipal Finance Authority Act.

TOTAL AMOUNT OF LOAN REQUEST \$ _____

DESCRIPTION _____

Contact Name _____ (Financial Administrator / Loan Agreement Signatory)

Email Address _____

PURPOSE FOR WHICH APPLICATION IS BEING MADE (Attachments to be provided via email with the initial application only and are indicated below by the type of loan requested).

- Revenue anticipation borrowing (Hospital District Act, section 31, up to nine months)
Capital borrowing (Hospital District Act, sections 32 & 33)

Email application and supporting documents to: finance@mfa.bc.ca FAXES ARE NO LONGER ACCEPTED

Please Note: The Client Profile / Pre-Authorized Debit Agreement (PAD) is required by MFABC to process this application. If one is not on file or if changes are required to the current document please fill out our updated version and email it to the MFA. The Client Profile Document can be found within the forms section on our website.

FOR MFABC USE ONLY

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____