

[Date]

[Bank or Insurance Company Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Performance Guarantee Audit Confirmation

Dear Sir/Madam,

In connection with an audit of our financial statements, please provide our auditors, [Auditor Name/Firm], with the details regarding the Performance Guarantee(s) issued by your institution on our behalf as of [Audit Cut-off Date].

Please confirm the following information for each guarantee:

- Guarantee Reference Number
- Beneficiary Name
- Total Amount Guaranteed
- Issue Date and Expiry Date
- Purpose of the Guarantee
- Collateral or Security held against the guarantee
- Current status (Active, Expired, or Cancelled)

Please send the completed confirmation directly to our auditors at the following address:

[Auditor Address]

[Auditor Email Address]

Your prompt response is appreciated to facilitate the completion of our audit.

Sincerely,

[Authorized Signature]

[Full Name]

[Job Title]

[Company Name]