

[Company Letterhead]

[Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Dear Sir/Madam,

RE: AUDIT CONFIRMATION - SECURED OVERDRAFT FACILITY

For the purpose of our annual audit, please provide our auditors, [Auditor Name], with the following information regarding our Secured Overdraft Facility as of the close of business on [Audit Date].

Please confirm the details of the facility including, but not limited to:

- The outstanding balance and currency of the account.
- The applicable interest rate and any margins.
- The total limit of the overdraft facility.
- The expiry or renewal date of the facility.
- Details of all assets held as security/collateral (e.g., Property, Fixed Deposits, Liens).
- Any guarantees or indemnities associated with this account.
- Accrued interest payable or receivable as of the date mentioned above.

Please send the requested information directly to our auditors at the following address:

[Auditor Name]

[Auditor Address]

[Auditor Email/Contact]

We authorize you to release this information and to charge any associated fees to our account number [Account Number].

Yours faithfully,

[Authorized Signature]

[Name and Title]

[Company Name]