

[Company Letterhead]

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Annual Mandate Audit Verification - [Year]

Dear [Client Name],

In accordance with our regulatory requirements and internal compliance policies, we are conducting our annual audit of active mandates and authorized instructions currently on file for your account(s).

The purpose of this verification is to ensure that all standing authorities, signatory lists, and operational mandates remain accurate and reflect your current requirements. Please review the details listed below:

Account Number(s): [Insert Account Numbers]

Current Mandate Details:

- Authorized Signatories: [List Names]
- Signing Power: [e.g., Solely / Jointly]
- Instruction Limits: [Insert Amount Limits, if applicable]
- Mandate Expiry Date: [Insert Date, if applicable]

Action Required:

Please confirm the accuracy of the information above by selecting one of the options below:

Confirmed: The current mandate remains accurate and no changes are required.

Amendment Required: The current mandate requires updates. (Please attach the revised mandate form).

Please sign and return this letter by [Due Date] via [Email Address/Return Envelope]. Failure to respond may result in a temporary suspension of instructions to ensure the security of your account.

If you have any questions, please contact your Account Manager at [Phone Number].

Sincerely,

[Signature]
[Name of Authorized Officer]
[Title/Department]
[Company Name]

Client Acknowledgement:

I/We hereby confirm the mandate status as indicated above.

Signature: _____ Date: _____