

[Your Company Name]  
[Your Address]  
[City, State, Zip Code]  
[Date]

[Bank/Financial Institution Name]  
[Department Name]  
[Bank Address]  
[City, State, Zip Code]

**Subject: Audit Confirmation of Signing Mandates**

Dear Sir/Madam,

For the purpose of our annual audit, please provide our auditors, [Auditor Firm Name], with the details regarding the signing mandates and authorized signatories for all accounts held by [Your Company Name] as of [Audit Cut-off Date].

Please include the following information in your response:

- A list of all active bank accounts and their respective numbers.
- The names and designations of all individuals currently authorized to operate these accounts.
- The specific signing limits or categories assigned to each signatory.
- The required combination of signatures (e.g., "any two to sign," "sole signatory," etc.).
- Details of any mandates that were revoked or amended during the period from [Start Date] to [End Date].

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

[Auditor Contact Name]  
[Auditor Firm Name]  
[Auditor Address]  
[Auditor Email Address]

We authorize you to release this information and any other details relevant to our banking arrangements as requested by them.

Yours faithfully,

[Authorized Signature]  
[Name and Title]  
[Company Name]