

[Date]

[Bank Name]

[Bank Address]

[City, State, Zip Code]

Subject: Audit Confirmation - Shipping Guarantees

Dear Sir/Madam,

For the purpose of our annual audit, please provide our auditors, [Name of Audit Firm], with the following information regarding all Shipping Guarantees, Airway Bill Releases, or Steamship Guarantees issued by your bank on our behalf as of [Audit Cut-off Date]:

- Guarantee Number
- Date of Issue
- Currency and Amount
- Name of Beneficiary (Shipping Line/Carrier)
- Vessel Name and Bill of Lading Number
- Status (Outstanding or Cancelled/Returned)
- Expiry Date (if applicable)
- Details of any collateral or security held against these guarantees

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

[Audit Firm Name]

[Audit Firm Address]

[City, State, Zip Code]

[Contact Email/Phone]

Your prompt attention to this request is appreciated.

Yours faithfully,

[Authorized Signature]

[Name and Title]

[Company Name]