

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

[Bank Name]  
[Bank Address]  
[City, State, Zip Code]

**Subject: Cancellation of Deferred Payment Guarantee No. [Guarantee Number]**

Dear [Bank Contact Person or Department Name],

We are writing to formally request the cancellation of the Deferred Payment Guarantee issued by your bank, details of which are provided below:

- **Guarantee Number:** [Insert Number]
- **Issue Date:** [Insert Date]
- **Guarantee Amount:** [Insert Amount and Currency]
- **Beneficiary Name:** [Insert Beneficiary Name]

The obligations under the underlying contract associated with this guarantee have been fully satisfied. Therefore, the guarantee is no longer required. We have enclosed the original guarantee document herewith for your records and formal discharge.

Please confirm the cancellation of this guarantee in writing and ensure that any collateral or limits blocked against this facility are released immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Authorized Signature]  
[Print Name]  
[Job Title]