



KZN Public Works

*Department:
Public Works*

PROVINCE OF KWAZULU-NATAL

..... Office
Private Bag X

Tel: (....)

Fax: (....)

Email:

Enquiries:

Ref:

Date:

REGISTERED POST

(NAME AND POSTAL ADDRESS OF BANK/INSURANCE
COMPANY ETC.)

.....
.....
.....

Sirs

SERVICE : ZNT **W :**

.....

YOUR CLIENT :

The original guarantee submitted by you for the above service is attached herewith for cancellation, your undertaking with this Administration having expired.

Kindly acknowledge receipt of the original guarantee, stating that it has been cancelled. In your reply, please quote the heading and reference number as indicated above.

Yours faithfully

HEAD : PUBLIC WORKS

cc: 1. Insert Name of Contractor and Address

For Attention: Mr/Mrs/Ms

Sirs

Copy for your information. The original security has been returned to the Guarantor.

HEAD: PUBLIC WORKS