**Independent auditors Letterheads and contact details**

**Attention:**

The dtic

THRIP Claims Unit

Block A, Ground Floor

77 Meintjies Street

Sunnyside 0002

Tel: 012 394 0000

Dear Sir/Madam,

On behalf of the management team of <Entity Name> we herby confirm that the company ensures and maintains effective, efficient and transparent systems of financial and risk management and internal control as stipulated in terms of Section 38 (1) (J) of the PFMA 1 of 1999 as amended.

Yours Sincerely

**Independent Auditors name, accounting registered body and registration number, signature and the date**

Name ----------------

Signature ------------------

Date ----------