

Confirmation of Completion



Contents of Bond and Underlying Contract

Bond No.			
Principal		Corporate(Resident) Registration No.	
Bond Type		Bond Period	
Bond Amount			
Underlying Contract Name			
Contract Period		Contract Amount	
Completion Date (Expiry Date of Liability)			

Declaration and Confirmation

I/We, the Beneficiary(ies), hereby confirm that, with respect to the Bond above, the Principal has duly and faithfully performed and/or fulfilled any obligations of the Underlying Contract, so the Bond is null and void from the Completion Date set forth above and Seoul Guarantee Insurance Company has been released of any and all liabilities.

YYYY / MM / DD

Beneficiary

Company Name	<i>Stamp of Company(if only)</i>		
Representative Name	<i>Authorized Signature and/or Seal of Company</i>		
Address			
Person in Charge		Position Held	
Department		Contact Details	Tel : Fax : e-mail :

※ Attachment : Certificate of Registered Company Seal of the Beneficiary or equivalent certificates

To Seoul Guarantee Insurance Company

For SGIC use only	접수자	확인일시	담당	차장	부서장
	(인)				