

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Title]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to confirm my acceptance of the XQD card issued to me on [Date of Issue]. I understand the terms and conditions associated with the use of this card and agree to adhere to them.

Please find my details below for your records:

- Full Name: [Your Full Name]
- XQD Card Number: [Card Number]
- Issue Date: [Date of Issue]

If you require any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]