

Telecom Account Identity Assessment

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are conducting an identity assessment for your telecom account with us. This process is essential to ensure the security and accuracy of our customer records.

Please provide the following information:

- Full Name:
- Account Number:
- Contact Number:
- Address:
- ID Proof (e.g., driver's license, passport):

Once you have gathered this information, please send it to us at [Email Address] or contact our customer service at [Phone Number].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]