

# Identity Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter serves as a formal request for identity verification for the policyholder detailed below:

**Policyholder Name:** [Insert Name]

**Policy Number:** [Insert Policy Number]

**Date of Birth:** [Insert Date of Birth]

**Address:** [Insert Address]

We are requesting a verification of the identity of the policyholder in relation to the above policy. Please find attached copies of the required identification documents.

If further information is needed, please do not hesitate to contact me at [Insert Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]

[Your Address]