Request for Identity Proof

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the submission of my identity proof as required for the ongoing policy verification process. As a policyholder of [Policy Number or Policy Type], it is essential to comply with the necessary documentation requirements.

Please find my details below:

- Full Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Date of Birth: [Your Date of Birth]
- Contact Number: [Your Contact Number]

I appreciate your assistance in this matter and look forward to your prompt response. Should you require any further information, please do not hesitate to contact me.

Thank you for your attention to this request.

Sincerely,

[Your Name]