

Letter for Visa Fee Waiver Appeal

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Consulate General of [Country]

[Embassy Address]

[City, State, Zip Code]

Subject: Request for Visa Fee Waiver on Medical Grounds

Dear Sir/Madam,

I am writing to request a waiver of the visa application fee for my upcoming visa application to [Country]. I am currently facing medical challenges that make it difficult for me to afford the standard visa fees.

As documented in the attached medical records, I am undergoing treatment for [specific medical condition] and have incurred significant medical expenses. This financial burden has limited my ability to cover additional costs associated with my travel.

Traveling to [Country] is essential for my medical treatment, as it will allow me to [describe the purpose of travel related to medical care]. I kindly ask for your consideration of my circumstances and grant a waiver for the visa application fees.

Thank you for your understanding and support. I look forward to your favorable response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]