

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Department for Work and Pensions (DWP)]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Personal Independence Payment (PIP) Form Submission

I hope this letter finds you well.

I am writing to submit my completed Personal Independence Payment (PIP) application form. I have included all required documentation to support my claim, including medical evidence and personal statements detailing my situation.

If you require any further information or clarification regarding my application, please feel free to contact me at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]