

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Agency Name]  
[Agency Address]  
[City, State, Zip Code]

Subject: Appeal for Old Age Pension Denial

Dear [Recipient Name],

I am writing to formally appeal the decision regarding my Old Age Pension application, reference number [insert reference number]. I received notification of the denial on [insert date], and I wish to contest this decision based on [briefly state reason for appeal].

[Paragraph detailing your circumstances and any relevant information supporting your appeal. Include any changes in financial situation, health issues, or additional supporting documentation.]

I kindly request that you review the attached documents, including [list any attached documents, e.g., medical records, financial statements, etc.], which substantiate my eligibility for the Old Age Pension.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]