

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Title/Department]
[Organization/Agency Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Application for PWD Entitlement

I hope this letter finds you well. I am writing to formally apply for the Persons with Disabilities (PWD) entitlement. My details are as follows:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [DD/MM/YYYY]
- **Disability Type:** [Specify your disability]
- **Reference Number (if applicable):** [Reference Number]

I have been diagnosed with [briefly explain your disability], which has significantly impacted my daily life and abilities. [Provide a short description of how your disability affects you and your needs].

Attached to this letter are the necessary documents required for the application, including:

1. Medical Certificate
2. Identification Proof
3. [Any other relevant documents]

I kindly request your assistance in processing my application for the PWD entitlement. I am hopeful for a positive response at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]