

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

[Recipient's Name]
[Recipient's Title]
[Organization/Agency Name]
[Organization Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Application for Persons with Disabilities (PWD) Certificate

I am writing to formally submit my application for a Persons with Disabilities (PWD) certificate.

I am [Your Full Name], and I am [age] years old. I have been diagnosed with [describe your disability or condition], which [briefly explain how it affects your daily life or activities].

Enclosed with this letter are the necessary documents to support my application, including:

1. Completed application form
2. Medical certificates/Reports from relevant healthcare professionals
3. [Any other documents you wish to include]

I kindly request you to process my application at your earliest convenience. Should you require any further information or documentation, please feel free to contact me at [Your Phone Number] or [Your Email Address].

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]