Your address…..…..

…..……………………….

……………………………

……………………………

DOB: ………………………….

NINO: …………………………

Date: ……….………………

(Address at top of benefit entitlement

decision letter you are disputing)

……………………..

……………………..

……………………

…………………….

MANDATORY RECONSIDERATION REQUEST

Dear Sirs

**Re: Mandatory Reconsideration of (type your benefit) entitlement decision**

I write to request a mandatory reconsideration of your entitlement decision dated ……….(date of decision you are disputing)

Your decision is wrong for the following reasons…………………….

The evidence provided to date shows that………

If the mandatory reconsideration is late add paragraph: I have not provided a mandatory reconsideration within one month due to the following reasons……………………..

Please provide a response within one calendar month. Should I not receive a response within one month I shall be writing to the Tribunal directly and request a direction for compliance.

I look forward to hearing from you.

Yours faithfully

Mr/Mrs/Ms……………