|  |  |
| --- | --- |
| officeName  officeAddressLine1  officeAddressLine2  officeAddressLine3  officeAddressLine4 | **Protected B**  phoneNumEnquiries (Enquiries)  phoneNumTTY (TTY)  phoneNumINTL (International only) |
| personName  addressLine1  addressLine2  addressLine3  addressLine4 | currentDate |
|  |  |

Dear personName

We have received your application for programType benefits, but we need additional proof of identity. When you apply for programType benefits, your personal information is matched to the information in your Social Insurance Number record. This information is required to validate your electronic signature and verify your identity. The personal information you provided in your application does not match the information in your Social Insurance Number record.

We are writing to tell you that your application for programType benefits of appSubmissionDate cannot be processed.

We were unable to authenticate your identity because you failed to comply with our request on Date of written or verbal instruction to Text – Insert appropriate reason(s).

Yours sincerely,

Service Canada