

## **TAX AGENCY AUTHORITY TO ACT**

Ι,		
being d	luly authorised by(name of your compa	any / trust / partnership)
give my	y authority to DIANE MYERS CHA	ARTERED ACCOUNTANT LIMITED
to act o	on behalf of the following entities & in	ndividuals.
obtain i Compa prepara electror include commu	ithority is for all tax types, until further information from: the Inland Revenutaries office; and other financial institution of our financial statements. I are nically file GST and income tax returns obtaining information through all I inication channels.	ne Department; ACC; the tutions as required to assist in the authorise the agent to sign and rns on our behalf. This authority
For these	e entities:	
Names:		IRD No
		IRD No
		IRD No
		IRD No
Authoris	sing Signature:	Date:
РНОТО І	ID: Passport No / Drivers Licence No	(copy Y/N)
Date(s) o	of Birth Place o	of Birth:
Phone No	o Email	
Address:		



## **CUSTOMER CONSENT FOR VERIFICATION OF IDENTITY**

## Individuals

I confirm that I am authorised to provide the personal details presented and I consent to my information being passed to and checked with the document issuer, official record holder, a credit bureau and authorised third parties for the purpose of verifying my identity and address.

## **Companies/Trusts**

I confirm that I am authorised to provide the personal details presented and have obtained the consent of the individuals to which the personal details relate for this information to be passed to and checked with the document issuer, official record holder, a credit bureau and authorised third parties for the purpose of verifying my identity and address. I also confirm that if required, evidence of this consent can be produced.

Authorising S	Signature:		
being duly authorised by			
	(name of your company / trust / partnership)		
Date:			