



Form of Authority for professional advisor

To: Director of Income Tax
PO Box 37
St Peter Port
Guernsey, GY1 3AZ

I hereby authorise:

(a) (Name of professional advisor)

(Professional advisor code*)

(Relevant accounting qualifications)

If authority is for an accountancy firm, i.e. with multiple staff, tick this box to confirm that the person signing off the accounts complies with Statement of Practice M50

whose signature is appended below, to deal with all matters relating to my/the company's income tax affairs.

(b) You to furnish the above-named with any information they may require in connection with my/the company's income tax returns.

This authorisation shall be deemed to apply until withdrawn by me in writing.

Signature of person (or relevant officer of the person) to whom authority is given

Address

Contact telephone number

E-mail address

(for the issue of copies of notices of assessment, statements and all other documents)

Customer's full name

(please print in capitals)

Tax reference number

(if known)

Customer's address

Signature of customer

Date

*Note for professional advisors: If you have not yet registered with the Income Tax Office and been issued with your professional advisor code, please tick this box

Data Protection statement: The information provided in this form will be processed in accordance with the Data Protection legislation. Full details of our Data Protection Policy can be found at www.gov.gg/tax.

FOR OFFICE USE ONLY

Form of authority code

Input by (initials)

Form 1012(a) (05/16)