

Authorizing or Cancelling a Representative

Complete this form to:

- **authorize** the release of confidential information about the Corporations Tax, Mining Tax or Electricity Act account(s) to the representative named below.
- **cancel** an existing authorization.

Part 1 Client Information

Legal name		Phone number
<input style="width: 95%;" type="text"/>		(<input style="width: 10%;" type="text"/>) <input style="width: 10%;" type="text"/>
Mailing address		
Apt./Suite/Unit no.	Street number and name / PO Box, RR	
<input style="width: 15%;" type="text"/>	<input style="width: 85%;" type="text"/>	
City	Province/Territory	Postal code
<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 20%;" type="text"/>

This authorization applies to the following statute(s) and account number(s).

<input type="checkbox"/> Corporations Tax Act	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Mining Tax Act	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Electricity Act	<input style="width: 100%;" type="text"/>

Part 2 Authorize the release of information to a representative

Name of representative (If a firm, name of firm.)		Phone number	Fax number
<input style="width: 95%;" type="text"/>		(<input style="width: 10%;" type="text"/>) <input style="width: 10%;" type="text"/>	(<input style="width: 10%;" type="text"/>) <input style="width: 10%;" type="text"/>
Mailing address			
Apt./Suite/Unit no.	Street number and name / PO Box, RR		
<input style="width: 15%;" type="text"/>	<input style="width: 85%;" type="text"/>		
City	Province/Territory	Postal code	
<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	<input style="width: 20%;" type="text"/>	

If your representative is a firm, and you want a specific person in the firm to represent you, state their name and title.
 If you do not identify a specific individual in the firm, you are authorizing the Ministry of Finance to deal with anyone from that firm.

Name of person in firm		Title
Last	First	<input style="width: 100%;" type="text"/>
<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	

Part 3 Authorization scope and applicable years

<input type="checkbox"/> Representative to deal fully on your behalf with the Ministry of Finance. or <input type="checkbox"/> Representative to deal in a limited manner on your behalf, for matters specified here. (e.g., account inquiry, applications, annual returns, payments, etc.) ▼	<input type="checkbox"/> Representative to act for all years , including all previous and future years. or <input type="checkbox"/> Representative to act for specific year or years (describe). ▼
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Part 4 Cancel the release of information to a representative

Name of representative (If a firm, name of firm.)	
Last	First
<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>

If your representative is an individual within a firm, state their name and title.

Name of person in firm		Title
Last	First	<input style="width: 100%;" type="text"/>
<input style="width: 25%;" type="text"/>	<input style="width: 25%;" type="text"/>	

Part 5 Signature *This form will not be accepted unless it is completed fully, signed and dated.*

I authorize the Ministry of Finance to:

- release confidential information about the tax accounts specified in Part 1 and to deal with the representative named in Part 2 in the manner described in Part 3; and/or
- cancel an existing authorization as described in Part 4.

Name (please print)		Title / Relationship to Corporation	Phone number
<input style="width: 95%;" type="text"/>		<input style="width: 100%;" type="text"/>	(<input style="width: 10%;" type="text"/>) <input style="width: 10%;" type="text"/>
Last		First	
<input style="width: 25%;" type="text"/>		<input style="width: 25%;" type="text"/>	
		Signature	Date
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	