

**Part 3 - Authorization expiry date**

Enter an expiry date, if applicable, otherwise the authorization will stay in effect until **you** or **your representative** cancels it or we are notified of your death.

Year Month Day

**Part 4 - Cancel one or more existing authorizations**

Complete this section **only** to cancel an existing authorization. Tick the appropriate box.

☐ Cancel **all** authorizations

or

☐ Cancel the authorizations given for the individual, group, or business identified below:

RepID

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

GroupID

Name of group: \_\_\_\_\_

Business number (BN)

Name of business: \_\_\_\_\_

**Part 5 - Signature and date**

If you are the **taxpayer**, you must **sign** and **date** this form. If you are the **legal representative**, you must **tick** the box below, and **sign** and **date** this form.

☐ I am the **legal representative for this taxpayer or estate/trust** (executor/administrator, power of attorney, the legal guardian or the trustee or custodian of this trust account).

**Important:** You must send a **complete** copy of the **legal document** giving you the authority to act in this capacity to the taxpayer's tax centre. Read the attached information sheet for tax centre addresses.

If **two or more** legal representatives are acting **jointly** on the taxpayer's behalf, **each** legal representative must sign below.

RAGHVENDRA BAGLA

Print name of taxpayer or each legal representative

X

Signature of taxpayer or each legal representative,  
a parent if taxpayer is under the age of 16,  
a witness when signed with a mark

Year Month Day  
2016/03/02  
Date of signature

If your representative has not electronically submitted this form on your behalf then it must be submitted **within six months** of the date of signature. If not, it will not be processed.

Privacy Act, personal information bank number CRA PPU 175

