



Taxpayer's name: \_\_\_\_\_

I authorise my representative to act on my behalf in this appeal.

Name of representative: \_\_\_\_\_

Address of representative: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed by taxpayer: \_\_\_\_\_

Name of signatory (printed): \_\_\_\_\_

Position held: \_\_\_\_\_

(If your appeal is for a company, you will need a company director to sign the form.)

Date: \_\_\_\_\_

Please note: this form is not required if your representative is a practising solicitor or barrister in England, Wales or Northern Ireland, or a practising solicitor or advocate in Scotland.