



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.