

Appointment of Tax Agent Form

Tax File Number:

| Title: | Mr / Mrs / Ms / Miss / Dr |
|--|-----------------------------------|
| Family name: | |
| Given names: | |
| Date of birth: | |
| Contact number: | |
| E-mail address: | |
| | |
| Postal address for service of notices: | |
| | PO Box K251 HAYMARKET NSW 1240 |
| Previous address for service of notices: | |
| | |
| | |
| Last return lodged – year | |
| , | |
| | |
| Taxpayer's signature | Tax agent's signature |
| Tanka Jel 2 SiBilatare | |
| | |
| | Alexandra S Lee |
| | |

Date:

Date: