



TAXPAYER CONSENT

Tax Agents Secretary
Fiji Islands Revenue & Customs Authority
Private Mail Bag
Suva
Website: www.frca.org.fj
Telephone: 3243000
Fax: 3305624

Revenue Collection Division

This authority allows the nominated Tax Agent to access your tax information.

Section A	Tax Identification No.: <input type="text"/>	
	(T.I.N.)	
Name: <input type="text"/>		
Residential/Business Address :	Postal Address	Phone No.: <input type="text"/>
<input type="text"/>	<input type="text"/>	Mobile No : <input type="text"/>
<input type="text"/>	<input type="text"/>	Email: <input type="text"/>
<input type="text"/>	<input type="text"/>	

Section B	TAXPAYER CONSENT
This authority replaces any previous authority given and remains in force until cancelled in writing.	
I hereby give consent to (Name of tax agent),	
Tax Agent No..... to be my nominated tax agent for the following tax types:	
.....	
(Please select the tax type from the list - INCOME TAX, VAT, HTT, PAYE, OTHERS-specify)	
Signature	Date/...../.....
Name.....	Company Seal/ Business Rubber Stamp
Designation.....	Stamp Here

Section C	DECLARATION BY TAX AGENT
I hereby declare that I am the nominated tax agent for the above taxpayer and that I will maintain strict confidentiality in all tax affairs of the above taxpayer.	
Signature	Date/...../.....
Name.....	Company Seal/ Business Rubber Stamp
Tax Agent No.	Stamp Here

OFFICIAL USE	Received by :	Date:.....
	Approved :	Actioned :
	Application Number :	Comments :
	
	IRS606 [Dated: 19-Nov-2009]	