



INSTRUCTIONS

Complete this form to authorize or cancel a representative (such as a family member, legal or financial representative).

An authorized representative can act on your behalf, communicate and exchange information, and file tax returns with the Ministry of Finance.

Mandatory fields (indicated by the asterisk *) must be completed or the form will be returned to you.

This form cannot be used to apply for a program.

GENERAL INQUIRIES

Toll free: 1-877-388-4440

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the taxation act(s) specified below under the authority of section 26(a) of the FOIPPA. Questions about the collection or use of this information can be directed to the Manager, Registration and Closure Section, Ministry of Finance, PO Box 9435 Stn Prov Govt, Victoria BC V8W 9V3 (telephone: toll free at 1-877-388-4440).

PART 1 – TAXPAYER INFORMATION

FULL LEGAL NAME OF TAXPAYER (individual or business name)*	BUSINESS NUMBER (if applicable)
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MAILING ADDRESS (include street or PO box, city, province and postal code)*

TELEPHONE NUMBER*	FAX NUMBER	EMAIL ADDRESS
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PART 2 – REPRESENTATIVE INFORMATION AND AUTHORIZATION

Complete this section to authorize the Ministry of Finance to communicate and exchange account information with this representative regarding **all tax years** for the Act(s) indicated below. If you need more space, attach a separate sheet.

FULL LEGAL NAME OF REPRESENTATIVE (individual) *	FIRM NAME (if applicable)	MAILING ADDRESS* (include street or PO box, city, province and postal code)	TELEPHONE NUMBER*	FAX NUMBER	EMAIL ADDRESS	ACCOUNT AUTHORIZATIONS ACT (select) FOLIO / RETURN / CLIENT / ACCOUNT NUMBER (list accounts or indicate ALL)

PART 3 – CANCEL YOUR REPRESENTATIVE

Complete this section to cancel the authorization **previously** given to the Ministry of Finance to communicate and exchange account information. If you need more space, attach a separate sheet. Check (✓) one:

- Cancel all existing authorizations
 Cancel all existing authorizations given to the representative below

1. FULL LEGAL NAME OF REPRESENTATIVE TO CANCEL (individual) _____	2. FULL LEGAL NAME OF REPRESENTATIVE TO CANCEL (individual) _____
FOLIO/RETURN/CLIENT/ACCOUNT NUMBER (list accounts or indicate ALL)	FOLIO/RETURN/CLIENT/ACCOUNT NUMBER (list accounts or indicate ALL)
3. FULL LEGAL NAME OF REPRESENTATIVE TO CANCEL (individual) _____	4. FULL LEGAL NAME OF REPRESENTATIVE TO CANCEL (individual) _____
FOLIO/RETURN/CLIENT/ACCOUNT NUMBER (list accounts or indicate ALL)	FOLIO/RETURN/CLIENT/ACCOUNT NUMBER (list accounts or indicate ALL)
5. FULL LEGAL NAME OF REPRESENTATIVE TO CANCEL (individual) _____	6. FULL LEGAL NAME OF REPRESENTATIVE TO CANCEL (individual) _____
FOLIO/RETURN/CLIENT/ACCOUNT NUMBER (list accounts or indicate ALL)	FOLIO/RETURN/CLIENT/ACCOUNT NUMBER (list accounts or indicate ALL)

PART 4 – CERTIFICATION

This authorization is valid until it is cancelled.

I certify that I am an authorized signing authority. I authorize the Ministry of Finance to communicate and exchange information regarding all of the accounts of the taxpayer that are held under the identified Act(s) with the authorized representative or to cancel the existing authorization as indicated in Part 3.

SIGNATURE OF TAXPAYER *	FULL LEGAL NAME OF TAXPAYER *	TITLE	DATE SIGNED (YYYY-MM-DD)

PART 5 – SUBMIT YOUR FORM

If you have been working with a specific Ministry of Finance employee, provide their name below.

NAME OF MINISTRY EMPLOYEE

Print, sign, scan (if sending by email) and submit your form using one of the following methods:

By mail: Ministry of Finance
Consumer Taxation Programs Branch
PO Box 9435 Stn Prov Govt
Victoria BC V8W 9V3

By fax: 250-356-2195

By email: REVREGCL@Victoria1.gov.bc.ca

Or visit your nearest Service BC Centre. Locations can be found at servicebc.gov.bc.ca/locations

If you email or fax this form, **do not** mail the original. If you mail this form, keep a photocopy for your records.

RESET FORM

PRINT FORM