

TAX PACK AUTHORISATION

Please complete this form if you wish to authorise Davy to discuss the contents of your Tax Pack with your Accountant/Tax Advisor and/or send your Tax Pack directly to your Accountant/Tax Advisor.

Please complete this section in full

Client Account Number(s)

Client Name _____

Joint Account Holder's Name _____

Client Address _____

AUTHORISATION – POSTAL (Please tick the box if applicable)

I/we authorise Davy to Remit my/our Davy Tax Pack(s) for the Client Account listed above, directly to my/our Accountant/Tax Advisor. I/we are aware that I/we will not receive a copy of my/our Tax Pack if I/we choose this option.

AUTHORISATION – VERBAL (Please tick the box if applicable)

I/we authorise Davy to Contact and Discuss, my/our Davy Account to assist my/our Accountant/Tax Advisor in making my/our Tax Return.

ACCOUNTANT/TAX ADVISOR DETAILS

CONTACT NAME	FIRM NAME & ADDRESS	CONTACT NUMBERS

SIGNATURE(S)

ACCOUNT HOLDER	JOINT ACCOUNT HOLDERS
Signature _____	Signature _____
Date _____	Date _____