

ID Sighted:

YES/NO

ID Type: ___

Physical Level 3/32 Greenpark Rd Penrose Auckland 1061 P: (09)551 3631 E: admin@norrie.co.nz W: www.norrie.co.nz Postal Norrie & Daughters PO Box 12516 Penrose Auckland 1642

APPOINTMENT OF NORRIE & DAUGHTERS AS TAX AGENT

Please complete this form, print, sign and return to us by post or email.

I/We appoint Norrie & Daughters to be the tax agent for the following taxpayers:

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Taxpayers Name:			IRD Number:	
Mail Address:			Phone Number:	
Street Address:			Contact Person:	
Taxpayers Name:			IRD Number:	
Mail Address:			Phone Number:	
Street Address:			Contact Person:	
Taxpayers Name:			IRD Number:	
Mail Address:			Phone Number:	
Street Address:			Contact Person:	
By appointing Norrie & Daughters as my/our Tax Agent I/We understand and agree to the following: (i) I/We authorise Norrie & Daughters to be the Tax Agent for the above named taxpayers and receive my/our Inland Revenue Department (IRD) correspondence, access my/our information on the IRD website that IRD choose to make available and file the necessary returns; (ii) I/We understand that Norrie & Daughters will assign a Chartered Accountant as my contact person and account manager; (iii) TheTerms of Engagement for Compilation of Financial Statements and Privacy Act Authority And Other Services are posted on Norrie & Daughters website at www.nadbiz.co.nz and I/We agree to those Terms of Engagement as they may apply to me/us from time to time and I/we agree that it is my/our responsibility to ensure that I/We regularly download and read the same; (iv) Under the Privacy Act 1993 I/We authorise Norrie & Daughters and its staff to communicate with my/our bankers, solicitors, finance companies and all Government agencies to obtain such information as Norrie & Daughters requires in order to carry out the above assignments and I/We authorise those same entities to release such information to Norrie & Daughters. (v) If I/We have agreed to a monthly payment plan and/or a specified services plan then I/We agree to be bound by the terms and conditions associated with those plans.				
Da	ated at	this d	ay of	20
Signed:		Signed:		
Name:		Name:		
Position/Title:		Position/Title:	Position/Title:	
Office Use:				