



# ABM

ACCOUNTING & BUSINESS MANAGEMENT LIMITED

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## Authority to Act

I, \_\_\_\_\_ give authority to  
(name of person giving authority and designation)

Accounting and Business Management Limited to act on behalf of

\_\_\_\_\_ for all tax types  
(name of individual/entity)

and ACC account (except NCP or CPR) until further notice.

This includes obtaining information through all Inland Revenue and ACC media and communication channels.

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

IRD No(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

(Please provide proof of identity such as copy of driver's license or passport)