



Tax Doctor Limited  
P O Box 47-348  
Ponsonby  
AUCKLAND

I, \_\_\_\_\_, IRD # \_\_\_\_\_, authorise Tax Doctor Limited to obtain information from the Inland Revenue Department for all tax types, in written, verbal or electronic form. I also agree to the terms and conditions as published on the Tax Doctor website.

**Contact Details:**

Physical address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_

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

Signed \_\_\_\_\_ Date

Attach copy of driver's license:

Bank Account details for refunds: \_\_\_/\_\_\_/\_\_\_\_\_/\_\_\_