



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: ___/___/_____/___