

Authorization request – signature page

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Do not send a copy to the Canada Revenue Agency (CRA).

Fill out
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Taxpayer Information

SIN: _____ Given name: _____ Surname: _____

Representative Information

Group ID
GXXXXX Group name: CVITP/PCBMI

Authorization Information

Level of authorization: 1

Expiry date, if applicable: _____

Signature Information

☐ I am the legal representative for this taxpayer

Name of taxpayer or legal representative Signee's telephone number

Sign
>>>

Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with the representative mentioned above.

X

Signature of taxpayer or legal representative Year Month Day
Date of signature