

Authorization request – signature page

Keep this Signature page for your records.
Do not send a copy to the Canada Revenue Agency (CRA).

Taxpayer information

SIN: _____ Given name: _____ Surname: _____

Representative information

Group ID

GXXXXXX

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

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