

HM Revenue & Customs reference

It is important that you complete these boxes so we can note our records

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National Insurance number (Individuals only)

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Company, Limited Liability Partnership or Limited Partnership Registration number

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Please read the notes on the back before completing this authority

This authority overrides any earlier authority given to the HM Revenue & Customs. We will hold the information you give us until you tell us that the details have changed.

I, *(print your name)* _____

authorise *(print your agent's business name)* _____

to act on my behalf in connection with any matters within the responsibility of HM Revenue & Customs.

Signature _____ Date ____ / ____ / ____

(please see note 1 before signing)

<p><i>Please give your details here</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">Address</td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="padding: 5px;">Postcode</td></tr> <tr><td style="padding: 5px;">Telephone number</td></tr> </table> <p><i>(if you are willing for us to contact you by phone)</i></p>	Address			Postcode	Telephone number	<p><i>Please give your agent's details here</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 5px;">Address</td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="padding: 5px;">Postcode</td></tr> <tr><td style="padding: 5px;">Telephone number</td></tr> <tr><td style="padding: 5px;">Fax number</td></tr> <tr><td style="padding: 5px;">E-mail address</td></tr> <tr><td style="padding: 5px;">Client reference</td></tr> </table>	Address			Postcode	Telephone number	Fax number	E-mail address	Client reference
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Fax number														
E-mail address														
Client reference														

Only for Self Assessment customers (not including companies)

We will send your Statement of Account to you, but if you would like us to send it to your agent instead, please tick this box.

When you have completed this form please send it to HM Revenue & Customs, CAA Team, Longbenton, Newcastle upon Tyne NE98 1ZZ unless the form is for Corporation Tax in which case send it to your HM Revenue & Customs office.

For official use

<p>Customer records noted <i>please complete the relevant boxes opposite</i></p> <p>Form(s) 64-6A issued <input type="checkbox"/></p> <p>_____ <i>Initials</i></p> <p>____ / ____ / ____ <i>Date</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">✓</th> <th style="width: 20%; text-align: center;"><i>Initials</i></th> <th style="width: 20%; text-align: center;"><i>Date</i></th> </tr> </thead> <tbody> <tr> <td>SA</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">____ / ____ / ____</td> </tr> <tr> <td>COP</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">____ / ____ / ____</td> </tr> <tr> <td>NTC</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">____ / ____ / ____</td> </tr> <tr> <td>EBS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">____ / ____ / ____</td> </tr> <tr> <td>COTAX</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">____ / ____ / ____</td> </tr> <tr> <td>NIRS2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">____ / ____ / ____</td> </tr> </tbody> </table>		✓	<i>Initials</i>	<i>Date</i>	SA	<input type="checkbox"/>	_____	____ / ____ / ____	COP	<input type="checkbox"/>	_____	____ / ____ / ____	NTC	<input type="checkbox"/>	_____	____ / ____ / ____	EBS	<input type="checkbox"/>	_____	____ / ____ / ____	COTAX	<input type="checkbox"/>	_____	____ / ____ / ____	NIRS2	<input type="checkbox"/>	_____	____ / ____ / ____
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