



AUTHORIZATION OR CANCELLATION OF A REPRESENTATIVE

under the International Business Activity Act

General Inquiries: 250 953-3082 Toll-free: 1 877 387-3332 Fax Number: 250 356-0434

INSTRUCTIONS

- This form must be completed to authorize the Ministry of Finance to deal with another person as your representative or to cancel one or more existing authorizations with the ministry for matters related to the International Business Activity Act. More than one representative may be authorized at the same time. A separate Authorization or Cancellation of a Representative (FIN 564) form is required for each representative. NOTE: The authorization will stay in effect until you cancel it. To authorize a representative, complete sections 1, 2 and 4. To cancel a representative, complete sections 1, 3 and 4.

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the International Business Activity Act under the authority of section 26(a) of the FOIPPA. Questions about the collection or use of this information can be directed to the Manager, Intergovernmental Relations, PO Box 9444 Stn Prov Govt, Victoria BC V8W 9W8 (telephone: Victoria at 250 387-3332 or toll-free at 1 877 387-3332. Email: ITBTaxQuestions@gov.bc.ca

1. Identification

NAME OF CORPORATION OR INDIVIDUAL TELEPHONE NUMBER () MAILING ADDRESS (include street or PO box, city, province and postal code)

ACCOUNT NUMBER - IF A CORPORATION (5 digits) ACCOUNT NUMBER - IF A SPECIALIST (5 digits) BUSINESS NUMBER OR SOCIAL INSURANCE NUMBER (9 digits) C or S

2. Authorization of a Representative

NAME OF REPRESENTATIVE (if a firm, name of firm) TELEPHONE NUMBER () MAILING ADDRESS (include street or PO box, city, province and postal code) FAX NUMBER ()

If your representative is a firm, and you want a specific person in the firm to represent you, state their name and title. Note: If you do not identify a specific individual in the firm, you are authorizing the ministry to deal with anyone from that firm.

NAME OF PERSON IN THE FIRM TITLE

TAX YEARS THAT APPLY TO THIS AUTHORIZATION - Check () one only [] All tax years, including all previous and future tax years [] Specific tax year or years. List tax year(s):

3. Cancellation of One or More Existing Authorizations - Check () one only

[] Cancel all existing authorizations [] Cancel all existing authorizations given to the representative below

If your representative is an individual within a firm, provide their name and title.

NAME OF REPRESENTATIVE (if a firm, name of firm) LAST NAME FIRST NAME TITLE

4. Certification - An authorized signing authority of the corporation, or the individual, must make the following declaration.

By signing this form, you acknowledge that you are an authorized signing authority of the corporation or the individual, and you authorize the ministry to deal with the representative identified in Part 2, and/or you authorize the cancellation as indicated in Part 3.

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY OR INDIVIDUAL POSITION DATE SIGNED YYYY / MM / DD

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