



GENERAL INQUIRIES

Telephone: 250 952-0192 Toll-free: 1 800 667-1182 Email: MOG.Mineral.Tax@gov.bc.ca

INSTRUCTIONS

- Complete this form to authorize us to communicate, exchange information and share your account records with your representative. If you wish to cancel or change any part of this authorization, advise us by letter, fax or email.

Freedom of Information and Protection of Privacy Act (FOIPPA) The personal information on this form is collected for the purpose of administering the act(s) specified above under the authority of section 26(a) and 26(c) of the FOIPPA. Questions about the collection or use of this information can be directed to the Manager, Natural Resource Revenue Operations, PO Box 9328 Stn Prov Govt, Victoria BC V8W 9N3 (telephone: Victoria at 250 952-0192 or toll-free at 1 800 667-1182).

PART 1 – TAXPAYER/FEEPAyer INFORMATION

FULL LEGAL NAME OF TAXPAYER/FEEPAyer (company or individual name) BUSINESS OR REFERENCE NUMBER ACCOUNT OR REGISTRATION NUMBER

MAILING ADDRESS (include street or PO box, city, province and postal code)

PART 2 – AUTHORIZATION

FAX AND EMAIL

I authorize the Ministry of Finance to communicate with me by fax and/or email.

FAX NUMBER EMAIL ADDRESS

EXCHANGE OF INFORMATION AND SHARE RECORDS

I authorize the Ministry of Finance to exchange information and share my account records with me and/or my representative using media such as CDs, DVDs or USB memory drives, email or other media.

COMMUNICATION WITH A REPRESENTATIVE OF YOUR BUSINESS

I authorize the Ministry of Finance to communicate with my representative named below.

FIRM NAME (if applicable) INDIVIDUAL FIRST AND LAST NAME (if applicable) POSITION OR OFFICE

MAILING ADDRESS (include street or PO box, city, province and postal code)

TELEPHONE NUMBER FAX NUMBER EMAIL ADDRESS

PART 3 – TAXPAYER/FEEPAyer CERTIFICATION

By signing this form, you acknowledge that although we will take reasonable steps to protect all information once received, we cannot guarantee the absolute safety of personal information during transmission by fax or email.

SIGNATURE OF TAXPAYER/FEEPAyer NAME TITLE DATE SIGNED YYYY / MM / DD

PLEASE FORWARD THIS FORM TO THE ATTENTION OF MINISTRY STAFF MEMBER'S FIRST AND LAST NAME