



INSTRUCTIONS

- Complete this form if you have filed an appeal with the Ministry of Finance and want to authorize a representative (such as a family member, legal or financial representative) to act on your behalf.
• This authorization is valid until you cancel it in writing.
• Mail your completed form to the address above.

GENERAL INQUIRIES

If you have questions, call us at 250-356-0890 or toll free at 1-800-663-7867 and ask to be re-directed.

Freedom of Information and Protection of Privacy Act (FOIPPA) - The personal information on this form is collected for the purpose of administering the taxation act(s) specified below under the authority of section 26(a) of the FOIPPA.

PART A - APPELLANT INFORMATION

Form section for Part A with fields: FULL LEGAL NAME, NAME OF BUSINESS (if applicable), MAILING ADDRESS (include street or PO box), CITY, PROVINCE, POSTAL CODE, EMAIL ADDRESS, TELEPHONE NUMBER, FAX NUMBER.

PART B - REPRESENTATIVE INFORMATION AND AUTHORIZATION

Authorize a representative to communicate and exchange confidential account information on your behalf by telephone or in writing for the statute(s) or program(s) indicated below. You can authorize an individual, a firm or a specific individual at a firm by completing both fields.

Form section for Part B with fields: FULL LEGAL NAME OF REPRESENTATIVE (individual), NAME OF FIRM (if applicable), MAILING ADDRESS (include street or PO box), CITY, PROVINCE, POSTAL CODE, EMAIL ADDRESS, TELEPHONE NUMBER, FAX NUMBER.

Table with 4 columns: Statute or Program, Account Number (if applicable), Statute or Program, Account Number (if applicable). Lists various BC acts like BC Emergency Benefit for Workers, BC Increased Employment Incentive, etc.

PART C - CERTIFICATION

I authorize the Ministry of Finance to communicate and exchange information with the authorized representative under the statute(s) or program(s) indicated in Part B. This authorization is valid until it is cancelled in writing.

Form section for Part C with fields: SIGNATURE OF APPELLANT, FULL LEGAL NAME, TITLE, DATE SIGNED (YYYY / MM / DD).