# **TAX PACK AUTHORISATION**

Please complete this form if you wish to authorise Davy to discuss the contents of your Tax Pack with your Accountant/Tax Advisor and/or send your Tax Pack directly to your Accountant/Tax Advisor.

Please complete this section in full	
Client Account Number(s)	
Client Name	
Joint Account Holder's Name	
Client Address	

#### **AUTHORISATION – POSTAL** (Please tick the box if applicable)

I/we authorise Davy to Remit my/our Davy Tax Pack(s) for the Client Account listed above, directly to my/our Accountant/Tax Advisor. I/we are aware that I/we will not receive a copy of my/our Tax Pack if I/we choose this option.

#### **AUTHORISATION - VERBAL** (Please tick the box if applicable)

I/we authorise Davy to Contact and Discuss, my/our Davy Account to assist my/our Accountant/Tax Advisor in making my/our Tax Return.

#### **ACCOUNTANT/TAX ADVISOR DETAILS**

CONTACT NAME	FIRM NAME & ADDRESS	CONTACT NUMBERS

### SIGNATURE(S)

ACCOUNT HOLDER	JOINT ACCOUNT HOLDERS
Signature	Signature
Date	Date

## Davy Select Davy House, 49 Dawson Street, Dublin 2, Ireland. T 1890 30 30 30 E davyselect@davy.ie www.davyselect.ie

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