

## Authorization/Cancellation request – signature page

### Instructions:

1. Have the taxpayer or legal representative sign and date this page.
2. Retain a copy of the signed and dated signature page in your files for six years from the date that this information is transmitted to the CRA. Do not send us the signature page by mail or fax unless requested to do so.

### Representative information

Rep ID  _ _ _ _ _ _ _ _ _ _	First name: _____	Last name: _____
Group ID G  _ _ _ _ _ _ _ _ _ _	Group name: _____	
Business number (BN) 8   0   5   1   6   5   6   8   5	Business name: <u>Nash Giroux LLP</u>	

### Taxpayer information

Social insurance number  _ _ _ _ _ _ _ _ _ _	First name: _____	Last name: _____
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### Authorization information

Level of authorization (level 1 or 2): <input style="width: 40px; text-align: center;" type="text" value="2"/>	Expiry date (optional) <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Year</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Month</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Day</td> </tr> <tr> <td style="border: 1px solid black; height: 15px;"> _ </td> <td style="border: 1px solid black; height: 15px;"> _ </td> <td style="border: 1px solid black; height: 15px;"> _ </td> </tr> </table>	Year	Month	Day	_	_	_
Year	Month	Day					
_	_	_					

### Cancellation information

Complete this section to cancel your representative(s) and remove their access to your information. Check the appropriate box.

Cancel **all** representatives

or

Cancel the representative listed below:

Rep ID  _ _ _ _ _ _ _ _ _ _	First name: _____	Last name: _____
Group ID G  _ _ _ _ _ _ _ _ _ _	Group name: _____	
Business number (BN)  _ _ _ _ _ _ _ _ _ _	Business name: _____	

### Signature information

Check if signed by the **legal representative** (power of attorney, legal guardian or parent of a taxpayer under the age of 16).

\_\_\_\_\_  
Name of taxpayer or legal representative

### Certification

By signing and dating this page, you authorize the Canada Revenue Agency to interact with and/or cancel the representative(s) mentioned above.

X _____ Signature of taxpayer or legal representative	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Year</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Month</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Day</td> </tr> <tr> <td style="border: 1px solid black; height: 15px;"> _ </td> <td style="border: 1px solid black; height: 15px;"> _ </td> <td style="border: 1px solid black; height: 15px;"> _ </td> </tr> </table> Date of signature	Year	Month	Day	_	_	_
Year	Month	Day					
_	_	_					