



## Withdrawal of Form of Authority

To: The Revenue Service

**Customer's full name** .....  
(please print in capitals)

**Tax/Social Security number** .....  
(if known)

**Customer's address** .....  
.....

I hereby withdraw the authorisation previously given, to

(a) Name of professional advisor .....

or

(b) Name of person to whom authority has been given .....

enabling them to deal with \*my Revenue Service affairs (income tax and social security contributions)/the tax affairs of the company

(\*delete whichever doesn't apply)

**Signature of customer** .....

**Date** .....

Please tick this box if your postal address should be updated to the address provided on this form

**Fair Processing Notice:** The information you have provided on this form is required under the Income Tax (Guernsey) Law, 1975 and the Social Insurance (Guernsey) Law 1978, for the purposes of the assessment and collection of income tax and social security contributions. This information will be processed in line with the Data Protection (Bailiwick of Guernsey) Law, 2017. For full details of our Fair Processing Notice and how we look after your data please visit: <https://www.gov.gg/revenueservice>. If you don't have access to the internet, please contact us and a paper copy will be provided.

**FOR OFFICE USE ONLY**

Form of authority removed for lead  
customer/company

Input by ..... (initials)

Date form actioned by staff: .....

**Form 1012(c) (12/21)**

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**Revenue Service, PO Box 37, St Peter Port, Guernsey, GY1 3AZ**

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