



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 as applicable)

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: 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

Date form actioned by staff:

Initials of staff member:

Form 1012(c) (updated Mar 23)

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