



Form for Authorization for Representative

Please fill up the form using BLOCK LETTERS

Applicant Name:

.....

Taxpayer Identification No:

Address:

.....

.....

Contact No: Email ID:

Name of Authorized Representative:	Mr/ Mrs/ Ms.	Mr/ Mrs/ Ms.
National Identity Card / Passport No:		
Designation:		
Address:		
Contact No:		
Specimen Signature 1:		
Specimen Signature 2:		

Please mark 'x' in the relevant cage in the below.

☐ The person named above is a new Authorized Representative.

☐ The person named above will replace any existing Authorized Representative whom I have previously named.

I agreed to appoint the above named person as Authorized Representative to sign in the Tourist VAT Refund Invoices on behalf of the Company.

Signature:

(Managing Director/ Director/ Partner)

Date:

Official Frank

Note: Please attach a photo copy of the Authorize Representative's National Identity Card