Authorization/Cancellation request - Signature page

- Print this page and have it signed and dated by the taxpayer or legal representative
- Retain a copy of the signed and date signature page in your files for six years from the date that this information is transmitted to the CRA.
 Do not send the signature page by mail or fax unless request to do so.

Representative in	nformation —	
RepID	First name:	Last name:
GroupID	Group name:	
Business number (BN)	Business name:	
110759727	TAX SHELTER	
Taxpayer inform	ation —	
SIN	First name:	Last name:
Authorization inf	ormation —	
Level of authorization: Expiry date:	Level 2	
Cancellation info	ormation —	
Cancel all representa		
Cancel specific repres	sentative	
RepID	First name:	Last name;
GroupID	22	100 mm m
Business number (BN)	Business name:	
Signature inform	ation	
Legal representative s		
Name of taxpayer or legal		
Certification —		
	page, you authorize the Canada Revenue A	Agency to interact with and/or cancel the representative(s) mentioned above.
Signature: X. Date:		
adio.		