

The Partners
Lynch & Partners
Chartered Accountants
P O Box 11
PAEROA

Dear Sirs,

RE : DELEGATED AUTHORITY

I/We the undersigned hereby **authorise** the partners or other members of Lynch and Partners (as nominated by the Partners), to:-

Bank, Solicitor, Insurers, Suppliers Authority:

1. Obtain any required information from my/our Bankers/Solicitors/Insurers/Suppliers, Dairy Company, etc.
2. Disclose any reasonably requested information to my/our current Bankers/Solicitors/Insurers.
3. If requested to do so by our Bank, or any other lending institution holding security over my/our assets provide that bank or lending institution with a copy of my/our annual financial accounts.

Inland Revenue Department Authority:

1. I/We give authority to Lynch and Partners to act on my/our behalf for all tax types (except child support) until further notice.
2. Authority is given to obtain information from Inland Revenue about all tax types (except child support). This includes obtaining information through all Inland Revenue media and communication channels.

Accident Compensation Corporation Authority (ACC 1766):

1. Access and change my/our information through ACC online and directly with ACC staff. Including access and change my/our ACC levy account online and at their discretion delegate access to my/our information to other members of Lynch and Partners.

Declaration:

I/we authorise ACC to carry out or initiate transactions in accordance with this authority.

I/we understand that ACC is not liable for any action done in accordance with this authority

I/we understand that this authority comes into effect from the date this form is signed.

I/we understand that by providing authority to an Agent or Advisor organisation I/we are providing authorisation to each representative within that organisation.

I/we understand that I/we are giving my representative authority to access my account by telephone, email, letter, fax, form or as indicated above in number 1.

I/we understand that the cancellation of this authority must be made in writing or by telephone.

I/we further agree that the above authorities will remain in force until revoked in writing by ourselves.

Name

Date

IRD Number

Name

Date

IRD Number

(ALL individual partners should sign)