

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 senior staff members (as nominated by the Partners), to:-

1. (a) Obtain any required information from my/our Bankers.  
(b) Obtain any required information from my/our Solicitors.  
(c) Obtain any required information from my/our Insurers.  
(d) Obtain any copies of statements or invoices if required from my/our Suppliers, Dairy Company, etc.
2. To disclose any reasonably requested information to:-  
(a) My/our current Bankers.  
(b) My/our current Solicitors.  
(c) My/our current 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.
4. Sign any Inland Revenue Department returns on my/our behalf, including my/our income tax returns which will be signed giving the following undertaking as your duly appointed agent as follows:

**DECLARATION**

"This is a true and correct return for the income year ended ..... It is also a correct statement of my earnings for the purposes of the Accident Rehabilitation and Compensation Insurance Act 1992".

In connection with the above Certificate and the Inland Revenue Department I/we acknowledge that Lynch and Partners will sign as my/our authorised agents and that I/we remain responsible and ensure that adequate information is provided to enable correct taxation accounts and returns to be filed with the Inland Revenue Department.

5. Act on my behalf to obtain information from the Inland Revenue Department for any tax type, as necessary.

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

Yours faithfully

.....)

- All individual Partners should sign

..... )

p.p. ....  
(Please print name)

Dated .....