



### BUSINESS CONSENT FORM

Use this form to consent to the release of confidential information about your Business Number (BN) account(s) to the representative named below, or to cancel consent for an existing representative.

- Complete Parts 1, 2, and 5 to name a representative.
- Complete Parts 3, 4, and 5 to cancel consent for an existing representative.
- Complete all parts of this form if you want to both name a new representative and cancel consent for an existing representative.

Complete all parts of this form if you want to both name a new representative and cancel consent for an existing representative.

#### Part 1 – Consent to release of information to a representative

Client's name: \_\_\_\_\_ Business Number: \_\_\_\_\_

I consent to the release of confidential information about my BN account(s) by the Canada Customs and Revenue Agency to the representative named below.

Choquette and Company Group Inc.

Representative's name (If a firm, enter the name of the firm. If an individual, enter the first and last name of the individual.)

If you named a firm as your representative, and you want to specify a particular individual of that firm, enter that individual's first and last name.

(604) 463-8202  
Representative's telephone number

\_\_\_\_\_  
Representative's fax number

#### Part 2 – Details of consent

##### A. Which accounts?

I request that this consent apply to all accounts.  OR

I request that this consent apply only to the following accounts.

(Check the appropriate box or boxes. If you wish to authorize access to more than one account of the same type, for example RP0002 and RP0003, please print the account numbers in the spaces provided.)

Corporate income tax	RC0001	<input type="checkbox"/>	RC	<input type="text"/>	RC	<input type="text"/>
GST/HST	RT0001	<input type="checkbox"/>	RT	<input type="text"/>	RT	<input type="text"/>
Payroll deductions	RP0001	<input type="checkbox"/>	RP	<input type="text"/>	RP	<input type="text"/>
Import/Export	RM0001	<input type="checkbox"/>	RM	<input type="text"/>	RM	<input type="text"/>

##### B. Which years?

I request that this consent apply to all years.  OR

I request that this consent apply only to the following years:

- All year-ends up to:
- All year-ends beginning in:  and all years after that.
- The following year-ends only:

**Part 3 – Cancellation of consent to release of information to a representative**

Client's name: \_\_\_\_\_

Business Number: \_\_\_\_\_

I cancel all previous consents for all representatives.  OR

I cancel my consent to the release of confidential information about my BN account(s) by the Canada Customs and Revenue Agency to the representative named below.

\_\_\_\_\_  
Representative's name (If a firm, enter the name of the firm. If an individual, enter the first and last name of the individual.)

If you named a firm as your representative, and you want to cancel the consent for a particular individual of that firm, enter that individual's first and last name.

( ) - \_\_\_\_\_  
Representative's telephone number

( ) - \_\_\_\_\_  
Representative's fax number

**Part 4 – Details of cancellation of consent**

**A. Which accounts?**

I request that this cancellation of consent apply to all accounts.  OR

I request that this cancellation of consent apply only to the following accounts.

(Check the appropriate box or boxes. If you wish to cancel access to more than one account of the same type, for example RP0002 and RP0003, please print the account numbers in the spaces provided.)

Corporate income tax	RC0001	<input type="checkbox"/>	RC	_____	RC	_____
GST/HST	RT0001	<input type="checkbox"/>	RT	_____	RT	_____
Payroll deductions	RP0001	<input type="checkbox"/>	RP	_____	RP	_____
Import/Export	RM0001	<input type="checkbox"/>	RM	_____	RM	_____

**B. Which years?**

I request that this cancellation of consent apply to all years.  OR

I request that this cancellation of consent apply only to the following years:

- All year-ends up to:
- All year-ends beginning in:  and all years after that.
- The following year-ends only:

**Part 5 – Signature**

Print your name \_\_\_\_\_

Title \_\_\_\_\_

This form must be signed by an owner, partner, director, trustee, or officer.

Sign here ▶



Date 2004/12/20

**WE WILL NOT PROCESS THIS FORM IF IT IS NOT SIGNED**