

30 Leipoldt Avenue, Dan Pienaar, Bloemfontein, 9301  
Email: [info@myfinance-online.co.za](mailto:info@myfinance-online.co.za)  
P.O. Box 28845, Danhof, 9310  
Tel: 086 111 5325  
Fax: 086 669 9422

Instructions for completing the power of attorney form.

1. Please only fill in the sections marked by an \* on the form on page 2.
2. Please sign on the line above the word taxpayer.
3. Do not fill in any other information on this form
4. Please write legibly.

**This form must be posted to:**

**P.O. Box 28845  
Danhof  
9310**

**Or faxed to 086 669 9422**

**Or e-mailed to [info@myfinance-online.co.za](mailto:info@myfinance-online.co.za)**

**POWER OF ATTORNEY**

To Whom It May Concern:

I, the undersigned \_\_\_\_\_ \* with ID number

\_\_\_\_\_, \* being desirous to register my business for PAYE/UIF with SARS

hereby nominate and appoint **Riana Schutte/Jannie Schutte/Yolande Dessels** to be my representative with FULL power and authority to act on my behalf, and in my name and on my behalf, to make any enquiries, to complete or sign the necessary forms or other documents in order to register my business for PAYE/UIF with SARS.

THIS DONE and EXECUTED at \_\_\_\_\_, \*  
on this the \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_\*  
REPRESENTATIVE EMPLOYER / MEMBER OF CC/ DIRECTOR/ OWNER

AS WITNESSES:

- 1. \_\_\_\_\_ [Full Name: \_\_\_\_\_] \*
- 2. \_\_\_\_\_ [Full Name: \_\_\_\_\_] \*