

30 Leipoldt Avenue, Dan Pienaar, Bloemfontein, 9301
Email: 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 signature.
3. Please write legibly.

This form must be faxed or e-mailed to:

086 669 9422
info@myfinance-online.co.za

POWER OF ATTORNEY

To Whom It May Concern:

I, the undersigned _____ * with ID number _____, * owner / member/ director/ partner of the company/ close corporation/ sole proprietor/ partnership called _____ with Income Tax Number _____ being desirous to obtain a Tax Clearance Certificate from SARS

hereby nominate and appoint **Riana 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 obtain a Tax Clearance Certificate from SARS.

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

_____*
SIGNATURE

_____*
DESIGNATION

AS WITNESSES:

- 1. _____ [Full Name: _____] *
- 2. _____ [Full Name: _____] *