

RESIDENTIAL ADDRESS: _____

_____ CODE _____

POSTAL ADDRESS: _____

_____ CODE _____

TO WHOM IT MAY CONCERN

This serves to confirm that I the undersigned grant permission, and appoint Melwescor (PTY) LTD as my Bookkeepers, Accounting Officers and Tax consultants. I confirm that any information supplied to my Accountants and Consultants shall not be supplied to any third party without my specific written consent, excluding information needed to complete my annual return, and then only to the South African Revenue Services.

In accordance with the Protection of Personal Information Act (PoPI) Act 4 of 2013 and in alignment with its subsections; do hereby give Melwescor (PTY) Ltd and its direct representatives / employees consent to use and disburse only relevant personal information to conduct and conclude business as per my directive and instructions with and to Melwescor (PTY) Ltd and its direct representatives / employees.

FULL NAMES AND SURENAME _____ PREVIOUS SURENAME _____

ID NUMBER / PASSPORT _____

MARRIED: Y / N HOW MARRIED: _____ DATE OF MARRIAGE: _____

TAX REF NUMBER _____

TEL. _____

CELL. _____

EMAIL ADDRESS _____

Banking details are required for registration on e-filing:

BANK _____

BRANCH NAME _____

BRANCH CODE _____

ACCOUNT NO. _____

Signed at _____ on _____ day of _____ month 201_____

Signature