

Authorisation form – Letter of Authority

I hereby authorise VAT Alliance to act as my VAT Reclaim agent and to liaise with relevant Tax Authorities and Offices on my behalf.

For and on behalf of: _____
Registered company name

Registered company address: _____

Contact telephone number: _____

E mail address: _____

Company registration number: _____

Company VAT number: _____

Signed by (Name): _____

(Signature): _____

(Position): _____

Date: _____

Please complete & return the original to:

VAT Alliance
2nd Floor
18-20 Rosemont Road
London
NW3 6NE
United Kingdom

Ref: E17

