

**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  
Communications House  
26 York Street  
London, W1U 6PZ  
United Kingdom

Ref: E24