



Accountant/Tax Advisor Letter of Authorisation

Please complete this form if you wish to authorise Davy to discuss the contents of your Tax Pack with your Accountant/Tax Advisor and/or send your Tax Pack directly to your Accountant/Tax Advisor.

Please complete this section in full

Client Account Reference

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Client Name _____

Joint Account Holder's Name _____

Client Address _____

Authorisation – Postal (Please tick the box if applicable)

I/we authorise Davy to **Remit** my/our Davy Tax Pack(s) for the Client Account listed above, directly to my/our Accountant/Tax Advisor. I/we are aware that I/we will not receive a copy of my/our Tax Pack if I/we choose this option.

Authorisation – Verbal (Please tick the box if applicable)

I/we authorise Davy to **Contact and Discuss**, my/our Davy Account to assist my/our Accountant/Tax Advisor in making my/our Tax Return.

Accountant/Tax Advisor Details

Contact Name	Firm Name & Address	Contact Numbers

Signatures

Account Holder	Joint Account Holder
Signature	Signature
Date	Date

Dublin Office, Davy House, 49 Dawson Street, Dublin 2, Ireland. T: +353 1 679 7788. F: +353 1 614 8727.
Southern Office, 89/90 South Mall, Cork, Ireland. T: +353 21 425 1420. F: +353 21 425 1410.
Western Office, 1 Dockgate, Dock Road, Galway, Ireland. T: +353 91 530 520. F: +353 91 530 710.
Northern Ireland Office, 2nd Floor, Donegall House, 7 Donegall Sq. North, Belfast BT1 5GB. T: +44 0 2890 310655. F: +44 0 2890 310656.
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