



The Commissioner for the South African Revenue Service

I, the undersigned _____ Identity/Passport Number:
in my capacity as the representative taxpayer hereby appoint Elzaan Fourie, Identity/Passport Number:
890809 0146 081 of Tax Practitioner Firm Fourie Financial Services, to act on my behalf in respect of the
following tax matter(s) detailed below:

1. INCOME TAX NUMBER: _____

- To apply for registration and obtain a taxpayer reference number in respect of the above mentioned tax(es)
- To communicate to SARS any change of registered particulars
- To request and/or follow up on the issuing of tax clearance certificates
- To complete and/or submit returns to SARS
- To communicate with SARS and to submit relevant material to SARS
- To lodge and pursue an objection against an assessment raised or decision made by SARS
- To file and pursue an appeal against an assessment raised or decision made by SARS
- To apply for deregistration in respect of the abovementioned tax(es)

I confirm that the authority that has been delegated to Elzaan Fourie by this Special Power of Attorney may be performed by a person who is under his or her direct supervision.

I confirm, for the purpose of absolute clarity that anything done by Elzaan Fourie or person under his / her direct supervision pursuant to this Special Power of Attorney shall be regarded, for all intents and purposes, as having been done by myself and I undertake to ratify any actions taken in terms of this Special Power of Attorney.

This Special Power of Attorney shall operate for a period of 24 month(s) from the date of my signature.

Signed at on this day of 20.....

Signature: _____

As witnesses:

1. _____ Full Name: _____

2. _____ Full Name: _____

LETTER OF AUTHORITY TO FOURIE FINANCIAL SERVICES AND PROFESSIONAL ACCOUNTANTS (SA)

I, _____, ID _____

in my capacity as Taxpayer / Director / Trustee / Member / Public Officer hereby authorize Elzaan Fourie, ID 890809 0146 081 and any employee of Fourie Financial Services and Professional Accountants (SA) Reg No 2022/482826/07 to do the following:

- To act on my behalf regarding all my income tax affairs;
- I also authorize the above-mentioned to sign income tax returns, financial statements, as well as payments, queries and other income tax related documents on my behalf.
- I further authorize that the company Fourie Financial Services and Professional Accountants (SA) may share my information internally in both the Accounting – and Insurance department. My information will be limited to the offices of Fourie Financial Services and Professional Accountants (SA) and will not be shared with a third party without my knowledge and consent.
- I acknowledge that I received the privacy policy regarding the POPIA Act and that I am satisfied with their privacy policy.

To send all correspondence, letters, accounts and any other related enquiries to my Email account(s) as follow:

This letter of authority may only be cancelled in writing.

FULL NAME

SIGNATURE

DATE

CONFIRMATION OF DETAILS AND ACCEPTANCE OF FEE

I, _____ hereby confirm that the details given to Fourie Financial Services is true and correct. I further confirm that I am aware of the following:

- A basic, non-refundable fee of **R450** is payable **before** any work will be done on my tax affairs.

The basic fee includes the following:

- Analysis and calculation of tax payable / refundable
- Submission of tax return without any supporting documentation.

If any additional services are to be provided, it will be charged on an hourly fee and I will receive an invoice for hours spent on my tax affairs.

Additional fees include, but is not limited to:

- Rental income and commission earners
- Drafting of correct logbook
- Documentation, correspondence, arrangements, follow-up with SARS if an audit is conducted
- Disputes and submissions
- Preparation of income and expenditure statements
- Any other services that will be communicated to the client

I declare that I accept that the total fee payable is based on the total hours spent on my tax affairs.

I declare that I have submitted all relevant documents to Fourie Financial Services and that all information given is true and correct.

Signed on _____ 20____.

Client

Employee