# Alcock C FORM 1 SPECIAL POWER OF ATTORNEY

**SPECIAL POWER OF ATTORNEY**

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| I, the undersigned | | | |
| Identity number | | | |
| In my personal capacity hereby appoint tax practitioner DRL Brash, identity number 5105130112081, of tax practitioner firm Kironia Tax and Accounting Services (Pty)Ltd., to act on my behalf in respect of the following tax matters detailed below: | | | |
| INCOME TAX |  |  | |
|  |  | *(Income tax reference number)* | |
| * To apply for registration and obtain a taxpayer reference number in respect of the above mentioned tax * To communicate to SARS any changes of registered details * 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 submit relevant material to SARS * To resolve accounts(s) or compliance related issues in respect of all tax periods. * To lodge and pursue an objection against an assessment raised or decision made by SARS * To apply for deregistration in respect of income tax | | | |
| I confirm that the authority that has been delegated to DRL Brash by this special power of attorney may be performed by a person who is under her direct supervision.  I confirm for the purpose of absolute clarity that anything done by DRL Brash or person under 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.  The special power of attorney shall operate for 24 months from the date of my signature. | | | |
| Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| *(place) (date)* | | | |
|  | | | |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| As Witnesses | | | |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |