

Appointment of Attorney-in-fact – Mandate with Representation

Taxpayer (principal) Name _____
Type and number of identification number _____
Taxpayer identification number _____

Attorney-in-fact Name _____
Type and number of identification number _____
Taxpayer identification number of the attorney-in-fact _____

Scope of power of attorney

Type of Tax

<input type="checkbox"/>	Salaries Tax	<input type="checkbox"/>	Business Tax
<input type="checkbox"/>	Urban Property Tax	<input type="checkbox"/>	Profits Tax
<input type="checkbox"/>	Motor Vehicles Tax	<input type="checkbox"/>	Tourism Tax
<input type="checkbox"/>	Stamp Duty	<input type="checkbox"/>	Others _____

Declaration/Application Form Number (if applicable) _____

Contact Information

The Financial Services Bureau is requested to deliver all tax notifications **related to the above authorisation** to the following address (*only one option may be selected*):

➤ If the attorney-in-fact is a taxpayer, please select:

- Tax address/domicile _____
 Office address _____

➤ If the attorney-in-fact is not a taxpayer, please provide their mailing address in the Macau SAR:

Local contact phone number | 8 | 5 | 3 | - | | | | | | | | | | |

Important note: It is necessary to attach the letter of authorisation to confirm the identity of the attorney-in-fact and their power of attorney.

Attorney-in-fact's signature

Date: _____ / _____ / _____
(yyyy/mm/dd)