

Consent for Agent management of Phased Payment Arrangement



Client name

(Block Capitals)

Tax Reference number

Agent TAIN

I confirm that with effect from

is to act

as my agent in respect of the application and management for my Phased Payment Arrangement

This notification may not be used to establish a link to clients who are not availing of a phased payment arrangement.

This notification will remain in place until changed by either the agent or client and the change is notified to the Office of the Revenue Commissioners.

Details of Revenue's **data protection policy** is available on www.revenue.ie

I understand that this does not preclude me from my responsibility to maintain appropriate / adequate books and records and to produce such documentation as / when requested by the Office of the Revenue Commissioners.

Signed _____ Date

Signed _____ Date

Agent Contact Details

Name Tel /