



# MINISTRY OF FINANCE AND ECONOMIC MANAGEMENT

Revenue Management Division

PO Box 120, Rarotonga, Cook Islands Telephone: (682) 29-365 Facsimile: (682) 29-465 RM300

## Tax Agent's Client Maintenance Form

### 1. Tax agent details

Tax Agent or Agency name

Tax Agent or Agency RMD Number  Contact Number 6 8 2

Email Address

**2. Client's details.** List your client's you would like to link or delink to your agency along with their RMD number. You will also need to confirm the type of access for the electronic services authorised by your client. *(Electronic services is only currently available for PAYE and VAT tax types)*

Client's Name	Client's RMD Number	Link/Delink	Tax Types	Access Type
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Link <input type="radio"/> Delink	<input type="radio"/> All or <input type="radio"/> INC <input type="radio"/> VAT <input type="radio"/> WHD <input type="radio"/> PAYE	<input type="radio"/> All or <input type="radio"/> Returns <input type="radio"/> Payments <input type="radio"/> View
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Link <input type="radio"/> Delink	<input type="radio"/> All or <input type="radio"/> INC <input type="radio"/> VAT <input type="radio"/> WHD <input type="radio"/> PAYE	<input type="radio"/> All or <input type="radio"/> Returns <input type="radio"/> Payments <input type="radio"/> View
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### 3. Declaration

Full Name \_\_\_\_\_ Title \_\_\_\_\_

*I declare that a signed authority from the above client/s are held by myself/my agency for the tax types and activities for which I/we represent them.*

Signature

Date