



POWER OF ATTORNEY

To Whom It May Concern:

I, the undersigned _____ in my capacity as:

(Please tick the one that is applicable)

- Taxpayer
 Vendor
 Representative Taxpayer
 Employer

(Other) _____

With Tax Reference Number _____/Identity number _____, hereby nominate and appoint _____ of _____ or a representative thereof with power of substitution, with full power and authority to act on my behalf in respect of lodging a complaint to the Office of the Tax Ombud, pertaining to a service matter, or a procedural matter, or administrative matter arising from the application of the provisions of a Tax Act by SARS, and in my name and on my behalf to follow up on progress of the matter thereof until the matter is closed.

This power of attorney will only apply in respect of the matters covered above.

This Power of Attorney is valid for the period _____ to _____, but not longer than a period of 12 months from date of signing this document.

Both the taxpayer and the relevant representative(s) have attached certified copies of their Identity Documents, to this Power of Attorney.

THIS DONE and EXECUTED at _____, on this the _____ day of _____.

(Signature)

AS WITNESSES:

1. _____ [Full Name: _____]
2. _____ [Full Name: _____]