

# **S K M C cc**

**Reg No: 2006/019982/23**

**Fax:** 086 692 4048

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**Email:** [info@skmc.co.za](mailto:info@skmc.co.za) | **Website:** <http://www.skmc.co.za>

## **Instructions for completing the power of attorney form:**

1. Please only fill in the sections marked by an \* on the form on page 2.
2. Sign the form.
3. Please right legibly.

**Fax the form to 086 692 4048 or e-mail to [info@skmc.co.za](mailto:info@skmc.co.za).**

# POWER OF ATTORNEY

To Whom It May Concern:

I, the undersigned \_\_\_\_\_\* with ID number

\_\_\_\_\_ \* owner / member / director / partner of the company / close corporation / sole proprietor / partnership (underline the applicable text) called:

\_\_\_\_\_\*

With Income Tax Number

\_\_\_\_\_\*

Being desirous to obtain a Tax Clearance from SARS.

Hereby nominate and appoint **Heinie Kotze** or any other **employee of SKMC** to by my representative with FULL power and authority to act on my behalf, and in my name, to make any enquiries, to complete or sign the necessary forms or other documents in order to obtain a Tax Clearance Certificate from SARS.

THIS DONE and EXECUTED at \_\_\_\_\_, \*

On this the \_\_\_\_\_ day of \_\_\_\_\_ . \*

\_\_\_\_\_\*  
SIGNATURE

\_\_\_\_\_\*  
DESIGNATION

AS WITNESSES:

1. \_\_\_\_\_ [Full Name: \_\_\_\_\_]\*

2. \_\_\_\_\_ [Full Name: \_\_\_\_\_]\*