Authorisation to Appoint Johnston Associates Chartered Accountants Limited as ACC Representative

Client Name:	*Date of Birth:*	*ACC Number:*

I/We authorise Johnston Associates Chartered Accountants Limited to be my/our authorised ACC representative.

I/We would like all ACC related correspondence and information to be mailed to my/our representative's postal address.

Signed: _____ Date: _____

Signed: _____ Date: _____