



**SCHEDULE H – 1999 & Later**  
**AUTHORIZATION FORM**  
Pursuant to the Corporation Capital Tax Act

General Inquiries: 250 953-3082  
Toll-free Enquiry BC: 1 800 663-7867

NAME
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ACCOUNT NO. -
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START OF TAXATION YEAR YYYY / MM / DD	END OF TAXATION YEAR YYYY / MM / DD
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**Freedom of Information and Protection of Privacy Act (FOIPPA)**  
The personal information on this form is collected for the purpose of administering the Corporation Capital Tax Act under the authority of both this Act and section 26 of the FOIPPA. Questions about the collection or use of this information can be directed to the Information and Privacy Analyst, FOI Section, PO Box 9432 Stn Prov Govt, Victoria, BC V8W 9N6. (Telephone: Victoria at 250 953-3671, Vancouver at 604 660-2421 or toll-free at 1 800 663-7867 and ask to be re-directed.) Email: [FOI.QRYS@gov.bc.ca](mailto:FOI.QRYS@gov.bc.ca)

**SECTION 1 – AUTHORIZATION**

This form authorizes the person or firm named in Section 2 to act as a representative of the corporation named above in matters pertaining to the Corporation Capital Tax Act.

The authorization you give can apply to previous taxation years, and to a taxation year which extends up to one year beyond the year in which this form is dated. For instance, a consent form dated in 1999 can be used to give authorization up to and including the 2000 taxation year.

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY  <b>X</b>	TELEPHONE NO.  (     )
RANK OF OFFICER	DATE SIGNED YYYY / MM / DD

**SECTION 2 – REPRESENTATIVE IDENTIFICATION**

NAME OF REPRESENTATIVE	TELEPHONE NO.  (     )
NAME OF FIRM	
ADDRESS	
CITY/PROVINCE	POSTAL CODE