



Authority to Act Form

Complete this form to authorise a dealership to act on behalf of a taxpayer for a refund of overpayment of motor vehicle stamp duty. Please **PRINT CLEARLY** and complete all unshaded areas.

TAXPAYER DETAILS

TAXPAYER NAME:	
TAXPAYER LICENCE NUMBER:	
CONTACT NUMBER:	
ADDRESS:	
EMAIL ADDRESS:	

DEALERSHIP AUTHORISED TO ACT ON BEHALF OF TAXPAYER

DEALERSHIP:	
DEALERSHIP ACN:	
CONTACT NAME:	
CONTACT NUMBER:	
ADDRESS:	
EMAIL ADDRESS:	

TRANSACTION DETAILS

VEHICLE REGISTRATION NUMBER:	
PURCHASE VEHICLE CONTRACT DATE:	
PAYMENT DATE:	
STAMP DUTY PAID:	

TAXPAYER DECLARATION

Ithe taxpayer, authorise the dealership listed above to act on my behalf for a motor vehicle stamp duty refund. I also acknowledge that I have read and understand the Privacy Statement below.	
SIGNED:	DATE:

GIVING FALSE OR MISLEADING INFORMATION IS A SERIOUS OFFENCE (*Criminal Code 2002*)

Privacy Statement - All information collected by the ACT Revenue Office is protected by secrecy provisions in Acts administered by the Office and only used for the purposes of those Acts. In addition, personal information provided to the ACT Revenue Office is protected by the *Information Privacy Act 2014*. Information (including personal information) is not disclosed to any third party unless authorised by law or with the consent of the person involved.