

**From:**

Name:

ID/Registration No.:

Address:

Contact Number:

Date:

**To:**

Commissioner General of Taxation

Maldives Inland Revenue Authority

Male', Maldives

Dear Sir/Madam,

**Subject: Authorization to share the information.**

I consent to send the details of my tax affairs including details of tax obligations and the details of outstanding payments to the below email address, pursuant to the Section 15 (b) 2 of the Tax Administration Act (Law No.: 3/2010).

Email Address:

Yours sincerely,

*Enter the name of the signatory here*

*Indicate if you are the owner or state your designation*

*Signature & Seal*

*The signatory shall be the owner or managing director or an authorized signatory appointed under the Tax Administration Act.*