

E-TP ACCESS APPLICATION FORM

TAXPAYER DETAILS			
Name of Taxpayer		TIN	
Tax Office		Date	

DETAILS OF ACCESS REQUIRED	
Type of Access	View Only <input type="checkbox"/> TP Filing <input type="checkbox"/> TIN Validation <input type="checkbox"/> Others <input type="checkbox"/>
Access Start Date	
Representative Type	CEO/MD Accountant Director Tax Consultant Auditor Others (Specify)

REPRESENTATIVE DETAILS	
First Name	
Surname	
Email Address	
Phone Number	
Signature	

AUTHORISATION

Name		Name	
Position		Position	
Signature		Signature	
Date		Date	
Phone		Phone	
E-Mail		E-Mail	

FOR OFFICE USE ONLY

Name of Tax Controller		Signature & Date:	
Approval Decision	Approved	Rejected	Date of Decision
Comments:			
E-Filing Administrator's Full Name:		Signature & Date:	
Request Receipt Date	Creation Status:	DONE <input type="checkbox"/>	PENDING <input type="checkbox"/>
Comments:			