## 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:	