



# DOCUMENT REQUEST FORM FOR VERIFIED PARTNERS

For assistance filing out these forms or to become a verified partner, please contact:

Sarah Al Saadi  
[Sarahas@cfcs.mb.ca](mailto:Sarahas@cfcs.mb.ca)  
204 560-7143

Marvin Kocay  
[marvink@cfcs.mb.ca](mailto:marvink@cfcs.mb.ca)  
204 989-1915

### VERIFIED PARTNER INFO

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Yes, I have verified this client's ID (sign below)

SIGNATURE: \_\_\_\_\_

### CLIENT CONSENT FOR CFCS

- I give CFCS permission to speak with the Verified Partner listed above regarding my tax situation and to send the requested tax documents/information as indicated in the Mail Directive.
- I understand that the requested documents will be sent to the address and/or recipient as provided in the Mail Directive.
- I understand that as a CVITP service, CFCS does not retain a copy of my information after the request is completed.

Client **FIRST NAME:** \_\_\_\_\_ **MIDDLE NAME (OR INITIAL):** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

Client **SIGNATURE:** \_\_\_\_\_

### OTHER NEEDED INFORMATION

Client **DATE OF BIRTH (DD/MM/YEAR)** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PHONE NUMBER (Optional)** \_\_\_\_\_

**SOCIAL INSURANCE NUMBER (SIN)** \_\_\_\_\_

### MAIL DIRECTIVE FOR VERIFIED PARTNER

**Send requested tax documents to one of the following:**

Verified Partner via e-Courier; or  
Mailing address from the tax return; or  
A mailing address different from the one used on the tax return.

Alternative mailing address for CFCS tax documents:

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Care of (if applicable):

\_\_\_\_\_

### DOCUMENTS REQUESTED

**Contact client directly with any questions**

**Please provide the following documents, if available:**

Proof of Income Statement (Option C) (current year)

Proof of Income Statement (Option C) (prior year)

Notice of Assessment: Year(s) \_\_\_\_\_

Other/Additional Details \_\_\_\_\_