



## Your tax adviser, if you have one

15	Your tax adviser's name	<b>CUF sp. z o.o.</b>	17	The first line of their address and the postcode	<b>Suite 81</b>
					<b>23 King Street, Cambridge</b>
16	Their phone number	<b>0 207 0433 613</b>			<b>CB1 1AH</b>
			18	The reference your adviser uses for you	

## Any other information

19 Please give any other information in this space

## Signing your form and sending it back

20	If this Tax Return contains provisional or estimated figures, put 'X' in the box	<input type="checkbox"/>	21	If you are enclosing separate supplementary pages, put 'X' in the box	<input checked="" type="checkbox"/>
22	If you give false information, you may have to pay financial penalties and face prosecution. Please sign and date this form.				
	The information I have given on this Tax Return and any supplementary pages is correct and complete to the best of my knowledge and belief				
	Signature <b>X</b>		Date DD MM YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
23	If you have signed on behalf of someone else, enter the capacity. For example, executor, receiver	<input type="text"/>	25	If you filled in boxes 23 and 24 enter your name	<input type="text"/>
24	Enter the name of the person you have signed for	<input type="text"/>			<input type="text"/>
		<input type="text"/>	26	and your address	<input type="text"/>
					<input type="text"/>

Finally, please send us your completed form in the envelope provided.