





**ASSOCIATED DEALERS**  
**Standing Authority allowing Associated Dealers to request deferment against principal's Revenue Identification Number**

To: The Revenue Commissioners, AEP Bureau, 5<sup>th</sup> Floor, Wicklow House, South Great George's Street Dublin 2.

**ASSOCIATED DEALERS**

Please ensure that each Revenue Identification Number quoted is correct. Incorrect Numbers will lead to delays in processing this information.

↓	Full Name	Dealers' Revenue Identification Number <table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
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**FOR USE BY BANK GUARANTOR**

I confirm that the guarantee in the amount of € ..... issued on Form AEP 2 (Rev. 9) dated ..... to the Revenue Commissioners for payment of duties and taxes deferred by the principal specified overleaf, applies also to duties and taxes deferred by the ..... (number in words) Associated Dealers named on this Form.

BANK STAMP
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Signature: .....  
For: ..... (BANK)