



# Appointment or withdrawal of an authorised recipient

Please use a pen, and write neatly in English using BLOCK LETTERS.

Tick where applicable

- 1** Are you using this form to notify the department that you are:
- appointing** an  **Complete Part A and Part C**  
authorised recipient You do not need to complete Part B
- withdrawing** the  **Complete Part B and Part C**  
appointment of an authorised recipient You do not need to complete Part A

## Part A – New appointment

### Your details

- 2** Are you a:
- (tick one only)
- visa applicant
- sponsor or sponsor applicant
- nominator or nominator applicant
- proposer or proposer applicant
- visa holder whose visa is being considered for  
cancellation or has been cancelled
- person requesting ministerial intervention

- 3** Do you have a DIAC Client ID number (CID)?
- No
- Yes  **DIAC Client ID**  
number (CID)

- 4** Full name (For an organisation, provide the name of the contact person)
- Title: Mr  Mrs  Miss  Ms  Other
- Family name
- Given names

- 5** Date of birth
- |     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

- 6** Organisation name (if applicable)
- 

- 7** Business or residential address
- 
- 
- 
- 
- 
- POSTCODE

- 8** Address for correspondence  
*(If the same as business or residential address, write 'AS ABOVE')*
- 
- 
- 
- 
- 
- POSTCODE

- 9** Telephone numbers
- |              |              |           |        |
|--------------|--------------|-----------|--------|
|              | COUNTRY CODE | AREA CODE | NUMBER |
| Office hours | ( )          | ( )       |        |
| Mobile/cell  |              |           |        |

- 10** Names of **other persons** 16 years of age or older who are appointing the same authorised recipient in relation to the same matter
1. Family name   
Given names
- 
2. Family name   
Given names
- 
3. Family name   
Given names

*If there are more than 3 other persons, give details at Question 28*

- 11** Have you appointed a migration agent or exempt person to provide you with immigration assistance?
- No
- Yes  **Give details of the migration agent/exempt person**
- Family name
- Given names

*If applicable:*

Migration Agent Registration Number (MARN)  :  :  :  :

Offshore Agent ID Number

**Note:** Your migration agent/exempt person should complete form 956 Advice by a migration agent/exempt person of providing immigration assistance

## Appointment details

- 12** Are you appointing an authorised recipient in relation to an application process, a cancellation process or another matter (eg. a sponsorship monitoring and sanction activity by the department, or only one stage of a two stage visa application, or ministerial intervention)?

**Application** process

Type of application

Date lodged 

DAY	MONTH	YEAR
/	/	

Not yet lodged

**Cancellation** process

Subclass of visa

Date visa granted 

DAY	MONTH	YEAR
/	/	

**Another matter** – give details


*If insufficient space, give details at Question 28*

- 13** Provide the DIAC ID number (if known) attached to the matter listed in Question 12 in relation to which you are appointing an authorised recipient

DIAC Request ID number (RID)

DIAC Transaction Reference Number (TRN)

- 14** Do you want the authorised recipient to receive health and character information about you or other persons listed in Question 10 that may arise, or be revealed in the course of this matter?

No  ► These documents will be sent directly to you

Yes

## Authorised recipient's details

- 15** Full name

Title: Mr  Mrs  Miss  Ms  Other

Family name

Given names

- 16** Date of birth 

DAY	MONTH	YEAR
/	/	

- 17** Business or residential address

POSTCODE

- 18** Address for correspondence  
*(If the same as business or residential address, write 'AS ABOVE')*

POSTCODE

- 19** Telephone numbers

Office hours 

COUNTRY CODE	AREA CODE	NUMBER
(     )	(     )	

Mobile/cell

- 20** Does this person agree to the department communicating with them by fax, e-mail or other electronic means?

No  ► Go to Part C

Yes  ► Give details

Fax number 

COUNTRY CODE	AREA CODE	NUMBER
(     )	(     )	

E-mail address

►► Go to Part C



# Part C – Declarations

## Authorised recipient declaration

26 Tick one only

**Appointment**

I understand that:

- I have been appointed by the persons named in Part A of this form to be their authorised recipient; and
- as the authorised recipient all documents that would otherwise be sent to the persons named in Part A will be sent to me, including by electronic means as indicated in Question 20 (if applicable).

**Withdrawal of appointment**

I understand that I am no longer acting as authorised recipient for the persons named in Part B of this form in relation to the matter indicated in Part B of this form.

**Signature of authorised recipient**

Date 

DAY	MONTH	YEAR
/	/	

## Your declaration

27 Tick one only

**Appointment**

I declare that I have appointed the authorised recipient named in Question 15 of this form to receive all documents relating to the matter indicated in Question 12 on my behalf.

**Withdrawal of appointment**

I declare that the authorised recipient named in Question 23 of this form is no longer authorised to receive documents relating to the matter indicated in Question 24 on my behalf.

**Your signature**

Date 

DAY	MONTH	YEAR
/	/	

Signatures of **other persons** 16 years of age or older who are appointing or withdrawing the appointment of the same authorised recipient in relation to the same matter

**Signature**

Date 

DAY	MONTH	YEAR
/	/	

**Signature**

Date 

DAY	MONTH	YEAR
/	/	

**Signature**

Date 

DAY	MONTH	YEAR
/	/	

We strongly advise that you keep a copy of this form for your records.

