

Appointment or withdrawal of an authorised recipient

956A

	Please open this form using Adobe Acrobat Reader. Either type (in English) in the fields provided or print this form and complete it (in English) using a pen and BLOCK LETTERS. Tick where applicable	8	Address for correspondence (If the same as business or residential address, write 'AS ABOVE')
1	Are you using this form to notify the Department that you are:		POSTCODE
	appointing an Complete Part A and Part C authorised recipient You do not need to complete Part B	9	Telephone numbers
	withdrawing the appointment of an authorised recipient Complete Part B and Part C You do not need to complete Part A		Office hours
	Part A – New appointment Your details	10	Names of other persons 16 years of age or older who are appointing the same authorised recipient in relation to the same matter
2	Are you a: visa applicant (tick one only) 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		1. Family name Given names 2. Family name Given names 3. Family name
3	Do you have a Home Affairs (HA) Client ID number (CID)? No Yes HA Client ID number (CID)	11	Given names If there are more than 3 other persons, give details at Question 30 Have you appointed a migration agent or exempt person to provide yowith immigration assistance?
4 ≢ 5	Full name (For an organisation, provide the name of the contact person) 请人性别		No
7	Business or residential address 4、申请人住址及邮编		
	POSTCODE		

Appointment details

	Appointment details		Authorised recipient's 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)?	14	Full name Title: Mr Mrs Miss Ms Other Family name
	Application process Type of application		Given names
	Date lodged / / Not yet lodged	15	Date of birth / / /
	Cancellation process Subclass of visa	16	Business or residential address
	Sudclass of visa		POSTCODE
	Date visa granted / / /	17	Address for correspondence (If the same as business or residential address, write 'AS ABOVE')
	Another matter – give details		
			POSTCODE
		18	Telephone numbers COUNTRY CODE AREA CODE NUMBER
			Office hours () ()
			Mobile/cell
		19	Does this person agree to the Department communicating with them by fax, email or other electronic means?
			No Go to Part C Yes Sive details
	If insufficient space, give details at Question 30		COUNTRY CODE AREA CODE NUMBER
13	Provide the HA ID number (if known) attached to the matter listed in Question 12 in relation to which you are appointing an authorised recipient		Fax number () () Email address
	HA Request ID number (RID)		▶ Go to Part C
	HA Transaction Reference Number (TRN)		

Part B – Withdrawing an appointment

20	Your details	25	Authorised recipient's details
	Full name (For an organisation, provide the name of the contact person)		Full name
	Family name		Family name
	Given names		Given names
	DAY MONTH YEAR		
	Date of birth / /	26	Are you withdrawing the appointment of an authorised recipient in relation to an application process, a cancellation process or another
	Organisation name (if applicable)		matter (eg. sponsorship monitoring and sanction activity by the
			Department, or only one stage of a two stage visa application, or ministerial intervention)?
	Telephone numbers		
	COUNTRY CODE AREA CODE NUMBER		Application process
	Office hours () ()		Type of application
	Mobile/cell		DAY MONTH YEAR
	HA Client ID number (CID) (if known)		Date lodged / /
21	Names of other persons 16 years of age or older who are		Cancellation process
	withdrawing the appointment of the same authorised recipient in		Subclass of visa
	relation to the same matter		
	1. Family name		Day Month YEAR
	Given names		Date visa granted / /
			Another matter – give details
	2. Family name		
	Given names		
	3. Family name		
	Given names		
	Your contact details		
22	Business or residential address		
			King finish and a single data is at Overting CO
	POSTCODE		If insufficient space, give details at Question 30
	Telephone number COUNTRY CODE AREA CODE NUMBER	27	Provide the HA ID number (if known) attached to the matter in relation
	Office hours () ()		to which you are withdrawing your appointment of the authorised recipient
20	A.I		HA Request ID number (RID)
23	Address for correspondence (If the same as business or residential address, write 'AS ABOVE')		HA Transaction Reference
			Number (TRN)
	POSTCODE		
24	Do you garge to the Donartment communicating with you by fav		
	Do you agree to the Department communicating with you by fax, email or other electronic means?		
	No		
	Yes ☐▶ Give details		
	COUNTRY CODE AREA CODE NUMBER Fax number () ()		

Email address

Part C – Declarations

Authorised recipient declaration

28 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 19 (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.

YEAR

MONTH

Signature of authorised recipient



Date

Your declaration

29 Tick one only

Appointment

I declare that I have appointed the authorised recipient named in Question 14 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 25 of this form is no longer authorised to receive documents relating to the matter indicated in Question 26 on my behalf.

I understand that future correspondence from the department will be sent to the last address that I have provided in Question 22, 23 or 24.

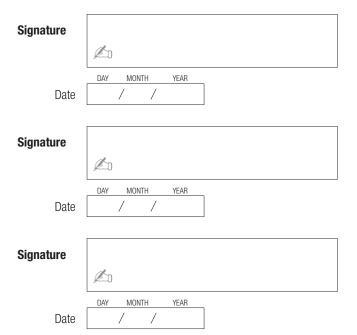
I will inform the department of any changes to my address for correspondence.

I declare that:

- I have read the information contained in form 1442i Privacy notice.
- I understand the department may collect, use and disclose my personal information (including biometric information and other sensitive information) as outlined in form 1442i Privacy notice.



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



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