



Appointment or withdrawal of an authorised recipient

此表需全部使用英文大写字母填写

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 authorised recipient **Complete Part A and Part C**
You do not need to complete Part B

withdrawing the appointment of an authorised recipient **Complete Part B and Part C**
You do not need to complete Part A

Part A – New appointment

Your details

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

3 Do you have a DIBP Client ID number (CID)?

No

Yes DIBP 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

6 Organisation name (if applicable)

7 Business or residential address

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

9 Telephone numbers

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 申请类别为BUSINESS

BUSINESS

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 31

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

DIBP Request ID number (RID)

DIBP 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

此处填写外交部简称MFA

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, email or other electronic means?

No **Go to Part C**

Yes Give details

Fax number COUNTRY CODE AREA CODE NUMBER
() ()

Email address

Go to Part C

Part B – Withdrawing an appointment

21 Your details

Full name *(For an organisation, provide the name of the contact person)*

Family name

Given names

Date of birth

Organisation name *(if applicable)*

Telephone numbers

Office hours

Mobile/cell

DIBP Client ID number (CID) *(if known)*

22 Names of other persons 16 years of age or older who are withdrawing the appointment of 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

Your contact details

23 Business or residential address

Telephone number

Office hours

24 Address for correspondence

(If the same as business or residential address, write 'AS ABOVE')

25 Do you agree to the department communicating with you by fax, email or other electronic means?

No

Yes Give details

Fax number

Email address

26 Authorised recipient's details

Full name

Family name

Given names

27 Are you withdrawing the appointment of an authorised recipient in relation to an application process, a cancellation process or another matter (eg. 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

Cancellation process

Subclass of visa

Date visa granted

Another matter – give details

If insufficient space, give details at Question 31

28 Provide the DIBP ID number (if known) attached to the matter in relation to which you are withdrawing your appointment of the authorised recipient

DIBP Request ID number (RID)

DIBP Transaction Reference Number (TRN)

Part C – Declarations

Authorised recipient declaration

29 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



DAY MONTH YEAR

Date

Your declaration

30 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 26 of this form is no longer authorised to receive documents relating to the matter indicated in Question 27 on my behalf.


I understand that future correspondence from the department will be sent to the last address that I have provided in Question 23, 24 or 25.

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.

Your signature

 张三

DAY MONTH YEAR

Date

24 - 03 - 2014

黑色签字笔本人亲笔中文签字

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



DAY MONTH YEAR

Date


Signature



DAY MONTH YEAR

Date

Signature



DAY MONTH YEAR

Date

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

