



Australian Government

Department of Immigration and Border Protection

Appointment or withdrawal of an authorised recipient

Form
956A

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: 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

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)

:	:	:	:	:
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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 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

- 16** Date of birth

DAY	MONTH	YEAR
/	/	

- 17** Business or residential address

Visa HQ
113-117 Farringdon Road, Unit 12
London POSTCODE EC1R 3BX

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

AS ABOVE
POSTCODE

- 19** Telephone numbers

Office hours

COUNTRY CODE	AREA CODE	NUMBER
()	(44)	02071486117

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



Date

DAY	MONTH	YEAR
/	/	

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



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.