

# Appointment or withdrawal of an authorised recipient

956A

**Department of Home Affairs** 

	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	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 authorised recipient  withdrawing the appointment of an authorised recipient  Complete Part A and Part C You do not need to complete Part B  Complete Part B and Part C You do not need to complete Part A	Telephone numbers  COUNTRY CODE AREA CODE NUMBER  Office hours ( ) ( )  Mobile/cell
	Part A – New appointment Your details	Names of <b>other persons</b> 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	1. Family name  Given names
	nominator or nominator applicant proposer or proposer applicant visa holder whose visa is being considered for	2. Family name  Given names
	cancellation or has been cancelled person requesting ministerial intervention	3. Family name  Given names
3	Do you have a Home Affairs (HA) Client ID number (CID)?  No  Yes  HA Client ID number (CID)	If there are more than 3 other persons, give details at Question 30  11 Have you appointed a migration agent or exempt person to provide you with immigration assistance?
4	Full name (For an organisation, provide the name of the contact person)  Title: Mr Mrs Miss Ms Other  Family name  Given names	No ☐ Yes ☐ ▶ Give details of the migration agent/exempt person Family name Given names
5	Date of birth / /	If applicable:  Migration Agent Registration Number (MARN)
6	Organisation name (if applicable)	<b>Note</b> : Your migration agent/exempt person should complete form 956 Advice by a migration agent/exempt person of providing immigration assistance
7	Business or residential address	
	POSTCODE	

### Appointment details

Authorised recipient's details **12** Are you appointing an authorised recipient in relation to an application 14 Full name process, a cancellation process or another matter (eg. a sponsorship Title: Other Mr Mrs Ms 🗸 monitoring and sanction activity by the Department, or only one stage of a two stage visa application, or ministerial intervention)? Family name Minster ✓ Application process Given names Shay Type of application MONTH YEAR 408 Temporary Activity Visa 15 Date of birth 15-Jul-1976 MONTH Date lodged Not yet lodged 🗸 Business or residential address Live Performance Australia **Cancellation** process Level 1, 15-17 Queen Street Subclass of visa Melbourne, Victoria POSTCODE 3000 MONTH YEAR 17 Address for correspondence Date visa granted (If the same as business or residential address, write 'AS ABOVE') as above Another matter - give details POSTCODE 18 Telephone numbers COUNTRY CODE AREA CODE NUMBER ) 0413914072 Office hours ) ( Mobile/cell 0413914072 19 Does this person agree to the Department communicating with them by fax, email or other electronic means? Go to Part C Yes Give details If insufficient space, give details at Question 30 COUNTRY CODE NUMBER AREA CODE 13 Provide the HA ID number (if known) attached to the matter listed in Fax number ) ( Question 12 in relation to which you are appointing an authorised Email address | immigration@liveperformance.com.au recipient 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	
	Date of birth / /	26	Are you withdrawing the appointment of an authorised recipient in	
	Organisation name (if applicable)		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)?	
	Telephone numbers		Application process	
	Office hours ( ) ( )		Type of application	
	Mobile/cell		DAY MONTH YEAR	
	HA Client ID number (CID) (if known)		Date lodged / /	
21	Names of <b>other persons</b> 16 years of age or older who are		Cancellation process	
	withdrawing the appointment of the same authorised recipient in relation to the same matter		Subclass of visa	
	1. Family name		DAY MONTH YEAR	
	Given names		Date visa granted / /	
	2. Family name		Another matter – give details	
	Given names			
	3. Family name			
	Given names			
	Your contact details			
22	Business or residential address			
	business of residential address			
	POSTCODE		If insufficient space, give details at Question 30	
	Telephone number  COUNTRY CODE AREA CODE NUMBER		Provide the HA ID number (if known) attached to the matter in relation to which you are withdrawing your appointment of the authorised	
	Office hours ( ) ( )		recipient	
23	Address for correspondence		HA Request ID number (RID)	
	(If the same as business or residential address, write 'AS ABOVE')		HA Transaction Reference Number (TRN)	
	POSTCODE			
	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:

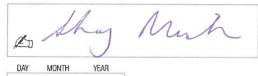
- I have been appointed by the persons named in Part A of this form to be their authorised recipient; and
- as the authorised recipient all documents that would otherwise be sent to the persons named in Part A will be sent to me, including by electronic means as indicated in Question 19 (if applicable).

#### 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.

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

Signature	
	<b>L</b> D
Date	DAY MONTH YEAR / /
Signature	<b>∠</b> n
Date	DAY MONTH YEAR / /
Signature	ØD.
Date	DAY MONTH YEAR

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

# Additional details

30

Question number	Additional information
0	