



# Appointment or withdrawal of an authorised recipient

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

- 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: *(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 Home Affairs (HA) Client ID number (CID)?
- No
- Yes  ▶ HA 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 30*

- 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)  :  :  :  :  :  :

7 DIGITS

**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

408 Temporary Activity Visa

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 30*

- 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

HA Request ID number (RID)

HA Transaction Reference Number (TRN)

## Authorised recipient's details

- 14** Full name

Title: Mr  Mrs  Miss  Ms  Other

Family name

Given names

- 15** Date of birth 

DAY	MONTH	YEAR
15-Jul	-1976	

- 16** Business or residential address

Live Performance Australia
Level 1, 15-17 Queen Street
Melbourne, Victoria <span style="float: right;">POSTCODE 3000</span>

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

as above
POSTCODE

- 18** Telephone numbers

Office hours 

COUNTRY CODE	AREA CODE	NUMBER
( )	( )	0413914072

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  ► Give details

Fax number 

COUNTRY CODE	AREA CODE	NUMBER
( )	( )	

Email address

►► **Go to Part C**

## Part B – Withdrawing an appointment

### 20 Your details

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

Family name

Given names

Date of birth  DAY MONTH YEAR

Organisation name (if applicable)

Telephone numbers

Office hours  COUNTRY CODE AREA CODE NUMBER

Mobile/cell

HA Client ID number (CID) (if known)

### 21 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

#### 22 Business or residential address

POSTCODE

Telephone number

Office hours  COUNTRY CODE AREA CODE NUMBER

#### 23 Address for correspondence

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

POSTCODE

#### 24 Do you agree to the Department communicating with you by fax, email or other electronic means?

No

Yes  Give details

Fax number  COUNTRY CODE AREA CODE NUMBER

Email address

### 25 Authorised recipient's details

Full name

Family name

Given names

### 26 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  DAY MONTH YEAR

**Cancellation process**

Subclass of visa

Date visa granted  DAY MONTH YEAR

**Another matter – give details**


If insufficient space, give details at Question 30

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

HA Request ID number (RID)

HA Transaction Reference Number (TRN)

# 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 

DAY	MONTH	YEAR
/	/	

## 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*.

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.

