



## Who should use this form?

This form should be used to notify the Department of Immigration and Border Protection (the department) that you are:

- **appointing** an authorised recipient to receive documents that the department would otherwise have sent to you; or
- **withdrawing the appointment** of your authorised recipient.

Return the completed form to the office where you lodged your application or for any other matter (eg. proposed visa cancellation), to the office of the department that is responsible for that matter. If you are unsure which office is responsible for your matter, this form may be submitted to the nearest office of the department.

### Do not use this form if:

- you are **appointing a migration agent or exempt person** to provide you with immigration assistance and they will also be your authorised recipient.

In this case the migration agent or exempt person should complete form 956 *Advice by a migration agent/exempt person of providing immigration assistance*.

## Who is an exempt person?

The following people do not have to be registered as migration agents in order to provide immigration assistance:

- a close family member (spouse, child, adopted child, parent, brother or sister);
- a sponsor or nominator of a visa applicant;
- a member of parliament or their staff;
- an official whose duties include providing immigration assistance;
- a member of a diplomatic mission, consular post or international organisation.

An exempt person must not charge a fee for their service. It is an offence for an exempt person to charge a fee for providing immigration assistance and penalties of up to 10 years jail can apply.

## Authorised recipient

An authorised recipient is a person appointed to receive documents from the department relating to matters arising under the *Migration Act 1958* (the Act) or the Migration Regulations 1994 on behalf of another person.

The most common times an authorised recipient would be appointed is during visa application processes, visa cancellation processes, sponsorship processes (including monitoring or sanctions) or ministerial intervention requests.

The department cannot discuss matters relating to you with the authorised recipient unless they are also acting on your behalf as your migration agent/exempt person, or you have separately provided the department with consent to disclose your personal information to them.

You may only appoint one authorised recipient at any time for a particular application or matter. The department will send documents to the most recently appointed authorised recipient.

The department is required under the Act to send your authorised recipient any documents relating to your matter (eg. visa application or cancellation of a visa), that would otherwise have been sent to you. Under most circumstances, you will not receive a separate copy of the documents. You are taken to have received any documents sent to your authorised recipients as if they had been sent to you.

You should be aware that the documents sent to your authorised recipient might include sensitive information about matters such as your health and character, unless you indicate on this form that you do not wish such information to be sent to your authorised recipient.

If you change your authorised recipient or end their appointment you must promptly advise the department. You may use this form for that purpose.

## Dependent applicants

All persons listed on this form will be considered to have appointed the same authorised recipient.

If a person 16 years of age or older wants to appoint a different authorised recipient they should complete a separate form 956A.

## Consent to communicate electronically

The department may use a range of means to send documents to your authorised recipient. However, electronic means such as fax or email will only be used if your authorised recipient indicates their agreement to receiving documents on your behalf in this way.

To process your matter with the department (such as visa application or visa cancellation action), the department may need to communicate with you about sensitive information, for example, health, police checks, financial viability and personal relationships. This means the information may be contained in the documents that are sent to your authorised recipient. Electronic communications, unless adequately encrypted, are not secure, and any information about you sent electronically to your authorised recipient may be viewed by others or interfered with. If your authorised recipient agrees to the department sending your documents to them by electronic means, the details they provide will only be used by the department for the purpose of sending documents. They will not be added to any mailing list.

The Australian Government accepts no responsibility for the security or integrity of any information sent to the department over the internet or by other electronic means.

## Important information about privacy

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in form 1442i *Privacy notice*. Form 1442i is available from the department's website **[www.border.gov.au/allforms/](http://www.border.gov.au/allforms/)** or offices of the department. You should ensure that you read and understand form 1442i before completing this form.

*Home page* **[www.border.gov.au](http://www.border.gov.au)**

*General enquiry line* Telephone **131 881** during business hours in Australia to speak to an operator (recorded information available outside these hours). If you are outside Australia, please contact your nearest Australian mission.

*Please keep these information pages for your reference*



# Appointment or withdrawal of an authorised recipient

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:
- (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 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)  :  :  :  :

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



# 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

POSTCODE

Telephone number  
Office hours

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

POSTCODE

### 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**

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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.

