((DATE))

Consent to the application

To whom it may concern:

We, the parents of child name (D.O.B ), give consent to our child to apply for PBS dependent child visa application. Child name lives with us at entre address. We confirm that both parents have responsibility for our child.

Should you need any further information please do not hesitate to contact us.

Yours sincerely,

Mother’s name and signature: Father’s name and signature: