



Australian Government

Department of Home Affairs

Appointment or withdrawal of an authorised recipient

Form

956A

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 ☐ **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 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

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
/	/	

- 16** Business or residential address

POSTCODE

- 17** Address for correspondence

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

POSTCODE

- 18** Telephone numbers

Office hours

COUNTRY CODE	AREA CODE	NUMBER
()	()	

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

Organisation name *(if applicable)*

Telephone numbers

Office hours

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

Telephone number

Office hours

23 Address for correspondence

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

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

No ☐

Yes ☐ Give details

Fax 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

☐ **Cancellation process**

Subclass of visa

Date visa granted

☐ **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**

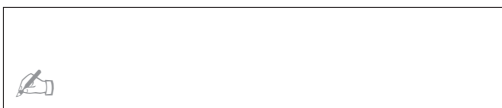
I understand that:

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