Client's details

13 The person receiving immigration assistance (ie. the client) is 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 ☐

14 **Client 1**

Full name *(If the client is an organisation, provide the name of the contact person)*

Family name: Velpula

Given names: Sai Krishna

Date of birth (DAY MONTH YEAR): 16-Jun-1984

Organisation name *(if applicable)*: Cognizant Technology Solutions Australia Pty Ltd

Business or residential address:
Level 4, 28 Margaret Street
Sydney, New South Wales
Australia POSTCODE 2000

Telephone numbers (COUNTRY CODE AREA CODE NUMBER)

Office hours: ( ) ( )

Mobile/cell: + 91 9019077938

DIBP Client ID number *(if known)*:

15 Names of **other clients** you are providing immigration assistance to in relation to the same matter (eg. dependant applicants)

1. Family name:
   Given names:
2. Family name:
   Given names:
3. Family name:
   Given names:
4. Family name:
   Given names:
5. Family name:
   Given names:

Type of assistance

16 Are you providing assistance with an application process, a cancellation process or specific matter? *(tick one only)*

☑ **Application** process

Type of application: 457 - Business (Long Stay) Sponsor

Date lodged (DAY MONTH YEAR): / / Not yet lodged ☐

☐ **Cancellation** process

Subclass of visa:

Date visa granted (DAY MONTH YEAR): / /

☐ **Specific matter** – give details (eg. sponsorship monitoring and sanction activity by the department, or for only one stage of a two stage visa, ministerial intervention)

17 Provide **at least one** of the following numbers *(if known)*

DIBP Request ID number (RID):

DIBP Transaction Reference Number (TRN):

Authorised recipient

18 Have you been authorised to receive written communication on behalf of your client(s) in relation to the matter indicated in Question 16?

No ☐ ▶ **Go to Part C**

Yes ☑

19 Have you been authorised to receive health and character information about the client(s) you are providing assistance to, their spouse, de facto partner or dependants, that may arise, or be revealed in the course of this matter?

No ☐ ▶ **Go to Part C**

Yes ☑

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