

Additional personal particulars information

1221

and Border Protection

About this form

This is a supplementary form required to support your visa application and is to be completed by all applicants who are 18 years of age or over.

Important – Please read this information carefully before you complete this form. Once you have completed this form we strongly advise that you keep a copy for your records.

Integrity of application

The Department of Immigration and Border Protection (the department) is committed to maintaining the integrity of the visa and citizenship programs. Please be aware that if you provide us with fraudulent documents or claims, this may result in processing delays and possibly your application being refused.

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.immi.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.immi.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 use a pen, and write neatly in English using BLOCK LETTERS. Tick where applicable $\ \ \boxed{\checkmark}$

Part A – Your details

Please enter your spouse details

(as shown in y	our passport or travel document)	
Family name	Sur name as per passport	
Given names	Given name as per passport	15

2 Other names you are, or have been, known by (including name at birth, previous married names, aliases)

Ιf	any	not	mandatory	١
	erii y	IIIOE	manacory	,

3 Name in your own language or script (if applicable)

If any(not mandatory	lf	any	(not	manda	tory)
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4 Name in Chinese Commercial Code Numbers (if applicable)

only app	licable	for chinese	Citizens
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		DAY	MONTH	YEAR
5	Date of birth	As	per pas	ssport

6 Place of birth

Suburb and town/city	As per passport
State/province/ region	As per passport (state of birth)
Country	As per passport

7	Sex	Male	Female	Please select as
				appropriate

8 Relationship status

Please select as appropriate



Indian /respective nationality

For dual citizenship holders, please mention your details in respective fields, Citizenship and date granted details.

For Indian citizen, please update your date of birth in date granted column

Date granted Day MONTH YEAR

Citizenship or nationality (give details of all held)

10		sidential address (this is the place where you currently live) fice box, migration agent address or mailbox address is	Please update your current address without typo error (should be match with 457 form
	not acceptable	as a residential address.	Q4
	Unit/Apartment	number in Door no./apartment number if	
	Address (includ	de street number and name)	
		update your address street , name, etc	
	Suburb and town/city	Please update city	
	State/province/ region	Please update state	
	Country	Please update country	
	Postal code	Please update pincode	
11	Your contact de	etails Please update the details in the appropriate col	umn
	Home telephone	COUNTRY CODE AREA CODE NUMBER () ()	
	Mobile/cell	Please update spouse mobile no.	should match with spouse 457 form
	All email addresses	Please update primary applicant's cognizant email id	
		If insufficient space, give details at Part 0 – Additional details	
12	Your proposed	residential address in Australia (if known)	
		POSTCODE	
12		Travel details Please update the details in appropri	ate column
13	Passport/travel	ur passport/travel document	
	document num	ber passport number without typo	
	Country of pass travel documen	please update country without type	
	Date of issue	Please update da	te of issue of passport without typo
	Date of expiry		te of expiry of passport without typo
	Place of issue/ issuing authorit	error	

14	Do you currently have, or have you ever had, any national identity documents or numbers (including birth registration numbers, social security cards etc)? No Not required					
	Yes Give details	oquirou				
	Type of identification document	Country of iss	sue	dentification number shown (if applicable)	Name shown on document	
15	Yes	te as appropriate	stances If yes,	please provide the details	·	
16	Have you previously held an Aust	ralian visa?				
	No	Please update as	appropriate			
		ological order If yes,	please upda	te the below details.		
	(If insufficient space,	give details at Part 0 -	– Additional de	tails)		
		Place where sa was issued	Your r	names shown on visa	Reason for visit	
17	What is the general purpose of ye	our journey/further stay	y?			
	ACCOMPANYING S	POUSE				
18	If you are outside Australia, give o	•				
	Intended date of arrival	Y MONTH YEAR		date the date of travel, da submission of documents	te should be minimum of 30 in my visa portal.	
	Flight number					
	or vessel details (if known)					
		V MONTH MEAD		_		
19	Intended date of departure	Y MONTH YEAR	If travell	ing together, pleas	e undate the	
	,			applicant's end dat	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		~	500	SEST.		
If	travelling later, pleas	e update the p	orimary ap	plicant's visa exp	ry date	

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20	Give details of any	intended stopovers on your way to Australia		2. Relation	onship to you (eg. partner, sister,	aunt)
	Places of intended	stopovers				
	DO NOT	FILL		Family	name	
	-			Given	names	
				Date o	DAY MONTH YEA of birth	R
21	Give details of any from Australia	proposed onward locations after your departure		Suburt		
	HOITI AUSU alia			town/d birth	city of	
	DO NO	T FILL			ry of birth	
				If insufficier	nt space, give details at Part 0 – .	Additional details
22	Are you fully fundir	ng your trip? DO NOT FILL				
	No ☐ ▶ Give de	etails of the person/institution funding your trip			– Current employn	
	Full na	me	24	Are you cur	lease update employ rrently employed	ment details if any
				No D	Give details of how you occupy	your time and
	Name (of institution <i>(if applicable)</i>			how you support yourself	
	 Addres	ss			If you dont have	
					please mention	"NONE""
		POSTCODE				
	•	one number Ry code Area code Number				
	() (Yes □▶	Give details of your current emp	oloyment
	Email a	address of person/institution			Employment commenced	DAY MONTH YEAR
					Name of employer	
					Tham of simpleyor	
	Yes				Address of employer	
	Part C – De	rtails of travelling dependents/				
	family men	nbers do not fill				POSTCODE
22	Olive details of done	and anto Kamilu mambara travalling to Avertalia with you			Contact telephone COUNTRY CODE AREA CODE	NUMBER
23	•	endents/family members travelling to Australia with you o you (eg. partner, sister, aunt)			() ()	
	1. Relationship to	o you (eg. partner, sister, aurit)			Email address (if applicable)	
	Eamily name					
	Given names				T (1)	
	Given names	DAY MONTH YEAR			Type of business	
	Date of birth				Occupation/Position	
	Suburb and town/city of					
	birth	st.			Detailed job description	
	Country of birt					

Part E – Employment status in the last 10 years

25 Give details of **your employment status** in the last 10 years (including internships, work experience, self employment and periods of unemployment) (If insufficient space, give details at Part 0 – Additional details)

Date to	Name and address of employer/business.	Type of business/ other activities	Your occupation/position/title/duties/ how you spent your time if unemployed
MONTH YEAR	(DO NOL USE ADDI EVIALIONS)	outer doutiness	lon you opon your amon anonproye
			-
Please	update if any otherwise mention	n as	
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		ļ	1
	MONTH YEAR	MONTH YEAR (Do not use abbreviations)	MONTH YEAR (Do not use abbreviations) other activities Please update if any otherwise mention as

Part F – Military service

26	Have you had any military service ?	Please update if appropriate
	No	47
	Yes Give details in chronologic (If insufficient space, give	aı order details at Part 0 – Additional details)

Date from DAY MONTH YEAR	Date to	Country of service	Full name of Unit/ Battalion/Brigade	Rank	Rank Duties	
DAT MONTH TEAR	DAT MONTH TEAR					

Part G – Education and trade qualifications Please update your of

Please update your education details

28

Please update only UG and PG details 27 Give details of all post secondary qualifications (list your most recent experience first) 1. Institution and city/campus Please update university name, city as per degree certificate Qualification Please update qualification as per degree certificate (without abbreviations Main subjects or duties Please update main subjects as per degree certificate, (specialization) Year of award Please update year of passing as per degree certificate(year of last examination that you had appeared) 29 Institution and city/campus Qualification Main subjects or duties Year of award Institution and city/campus Qualification Main subjects or duties 30 Year of award Institution and city/campus Qualification Main subjects or duties 31 Year of award If insufficient space, give details at Part 0 - Additional details

attended in	y workshops, training, conferences or seminars you have the last 2 years
	Please mention as
•	NONE
=	
l	
	and describe any previous academic or research papers d published
<u>.</u>	Please mention as
	NONE
•	
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•	
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-	
Part H Austral	– Details of your contact in ia
contacts, th	e contacts in Australia (including your sponsor, business e person you will be staying with, a family relative or an
aducational	
ouuoauUHdl	institution)? DO NOT FILL THIS
	institution)? DO NOT FILL THIS Go to Part I
No	DO NOT FILL THIS
No	Go to Part I
No	Go to Part I
No	Go to Part I Family name
No ☐▶ Yes ☐▶	Go to Part I Family name
No _\right	Go to Part I Family name Given names
No D Yes D	Go to Part I Family name
No D Yes D	Go to Part I Family name Given names
No D Yes D	Go to Part I Family name Given names Nature of relationship to you
No	Go to Part I Family name Given names Nature of relationship to you dential address of your contact
No	Go to Part I Family name Given names Nature of relationship to you
No □▶ Yes □▶ Current resi	Go to Part I Family name Given names Nature of relationship to you dential address of your contact

POSTCODE

DO NOT FILL THIS PAGE Part K – Business visa 32 Contact's telephone numbers COUNTRY CODE AREA CODE **36** Proposed employment/business activity details) (Name of employer Address of employment POSTCODE Contact's current employment details Nature of employment/business activities Name of employer Proposed duties/activities Address of employer 37 Are you attending a conference/seminar in Australia? POSTCODE Type of business No Yes ▶ Give full name of conference and (If applicable) attach an abstract of the conference presentation Occupation/Position DO NOT FILL THIS PAGE

Part I – Details of your journey to Australia

34	Only complete the section(s) relevant to you	
	If you:	
	have applied for a Visitor visa	
	have applied for a Business visa	
	have applied for a Migration visa	
	are a student, academic, researcher or fellow	

Part J – Visitor visa

Telephone

number

Mobile

All email

Duties

addresses

35	Do you intend to do a course of study while in Australia?				
	No				
	Yes				
	Name of course				
	Name of the institution				
	Turno of course				

38 Do you intend to inspect and/or negotiate the purchase of any equipment during your stay in Australia?

No	
Yes	
-	
-	

DO NOT FILL THIS PAGE

Part L – Migration visas

DO NOT FILL THIS BAGE

39	Do you intend to do a course of study while in Australia?		Stuaent/E	Acaaemic/Researcher/Feuows
	No ☐ Yes ☐ ▶ If you have organised your course, give details below	41		your proposed course/field of study in Australia
	Name of course		be undertaken)	
	Name of the institution			
	Type of course	1		
40	Do you intend to work in Australia?			
	Yes h If you have organised your employment, give details below			
	Name of employer			
	Address of employer			
				•
	POSTCODE			
	Type of business]		
	Occupation/Position			
	Companier Conton		Name of the ins	stitution
	Duties			-
	DO NOT	FILL TH		risor (if applicable)
			Family name	rsul (II applivanie)
			Given names	
		42	Do you intend to	o work in Australia?
			No	
			Yes	ou have organised your employment, give details below
			Name of emplo	yer
			Address of emp	loyer
				20072007
			Type of busines	POSTCODE
			Typo or badimod	
			Occupation/Pos	ition
			Duties	

$Part\ N-Additional\ information$

obtained once you depart Australia

43 Give details of how you intend to use the knowledge/skills/research

NOT APPLICABLE

NONE		

45

Question number	Additional information

Part P – Declaration

WARNING: Giving false or misleading information is a serious offence.

46 I declare that:

- the information I have supplied in this application is complete, correct and up-to-date in every detail.
- I have read and understood the information supplied to me.
- 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.





We strongly advise that you keep a copy of your application and all attachments for your records.