**INFORMATION QUESTIONNAIRE - TSS**

**Instructions**

In order to prepare and lodge your TSS visa application we need to collect some personal information from you. Please complete this questionnaire and return it to our office as soon as possible via email. Please ensure that you read the questions carefully and that your answers are complete and correct. Provision of false or misleading information in a visa application can lead to refusal/cancellation of a visa and/or an exclusion period applying from returning to Australia.

**Copies of documents you need to send to us**The covering email has a list of documents that we need in order to prepare the visa application. If you have access to a scanner, please scan and e-mail these to our office. If not, then please fax. Please, note photographs of documents are generally not of sufficient quality to be useful.

**Need help?**If you are unsure about how to answer any of the questions, please contact your Fragomen representative for guidance.

**Checklist**

This checklist is provided to help you prepare to for your TSS application:

□ Read the explanatory information that we have provided to you

□ Complete and sign the questionnaire and consent to lodge

□ Sign the representation statement

□ Complete and sign the form 956 (where applicable)

□ Gather all of the supporting documents that we have requested

□ Let your Fragomen representative know if there is going to be a delay in sending documents or information to us.

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| --- | --- | --- |
| Employment Details | | |
| Sponsoring company | HCL Technologies Pvt Limited | |
| Date to commence employment with TSS Sponsor | 09-12-2021 | |
| Personal Details | | |
| Your full name  *as per passport* | VIJAY SUNKENAHALLI RAMU | |
| Previous / Other names  *Including maiden name or any other name you have been known by* | NA  *Reason for name change:* | |
| Please provide the full names and date of birth of family members included in your visa application.  *Please advise us immediately if any children included in this visa application are not being accompanied by both birth parents* | *Full name:*  *Any previous / other names:*  *Date of birth:*  *Country of birth:*  *Relationship to you:*  *Citizenship:*  *Country of all current passports:*  *Full name:*  *Any previous / other names:*  *Date of birth:*  *Country of birth:*  *Relationship to you:*  *Citizenship:*  *Country of all current passports:*  *Please copy and paste additional sections of the above tables as required* | |
| Your usual country of residence | INDIA | |
| Your current residential address | 198, RUDRASWAMY ROAD, GAVIPURAM WEST, BANGALORE -560019 | |
| Your address for delivery of documents  *Must be street address – Not a PO Box* | 198, RUDRASWAMY ROAD, GAVIPURAM WEST, BANGALORE -560019 | |
| Country of current location | INDIA | |
| Why are you at your current location?  *Including the end date of current visa if applicable*  *For example: Work, Residence, Travel, etc.* | Indian Citizen | |
| Contact Details | | |
| Home Phone: | 080-22424225 | |
| Work Phone: |  | |
| Mobile: | 9880782225 | |
| Preferred Email for correspondence: | vijay.sr@hcl.com | |
| Alternate / Personal email: | sr.vijay7@gmail.com | |
| Email address – your partner (required to send our Privacy Notice) | | | |
| Please provide your partner’s email address for Fragomen to send our privacy notice.  *We value your privacy. To ensure our services comply with data privacy requirements globally, anyone whose information is entered into Fragomen’s systems must be made aware of our data processing practices as well as their rights under data privacy law.*  *This requires Fragomen to provide our Privacy Notice to all dependents age 13\* and older.*  *\*The Privacy Notice will be sent to your email address for all dependent children age 13 and older* | | |  |

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| Marital Status | | |
| Marital Status:  *mark more than 1 where appropriate* | Never Married  Married  Engaged  Divorced  Separated  De Facto | |
| If married, please provide date of marriage: | 12-Nov-2009 | |
| If engaged, please provide date of intended marriage: | NA | |
| If de facto, please provide the date your relationship began: | NA | |
| Child Custody Details *Please complete if there are accompanying children included in this application* | | |
| Are all children included in this application, in the primary applicant’s care and custody? | Yes  No *(give details including name/s) -* | |
| Does any other person have custodial, access or guardianship rights to any child included in this application? | Yes *(give details including name/s) -*  No | |
| Are there any legal impediments to travel for any children included in this application? | Yes *(give details including name/s) -*  No | |
| National Identity Cards/Numbers *Please provide details of any National Identity cards, social security cards or alien registration numbers you, or any accompanying family members hold or have held in the past* | | |
| Name on card: | VIJAY SUNKENAHALLI RAMU | |
| Type of card: | Passport | |
| Date of issue: | 08-Nov-2019 | |
| Date of expiry *(if applicable):* | 07-Nov-2029 | |
| Country of issue: | India | |
| Identity card number: | U1659068 | |
| If you do not have a National Identity Card/Number, please provide a reason as to why you do not have a national identity card: |  | |
| Citizenship *Please provide details regarding your and your family’s Citizenship(s)* | | |
| Your present country of citizenship: | India | |
| Do you or any accompanying family members hold citizenship of another country? | No  Yes *(give details) -*  *Country of citizenship:*  *Date of grant:*  *How was citizenship obtained:*  *Person whom this relates to:* | |
| Your town and city of birth: | Bangalore | |
| Your country of birth: | India | |
| Your date of birth: | 04-04-1980 | |
| Permanent Residency*Please provide the following details regarding your permanent residency status* | | | |
| Please list the country(ies) where you hold permanent residency: | | | *India* |

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| Immigration and Travel History | |
| Are you currently in Australia? | No  Yes *(give details) -*  *What visa do you hold:*  *Last date you entered Australia on this visa:*  *When does this visa expire:*  *List conditions attached to the visa:*  **(Please provide a copy of your current visa grant notice)** |
| Have you previously visited Australia? | No  Yes *(give details) -*  *Visa grant number:*  *Visa Type/Subclass:*  *Date of application:*  *Place (city) of application:*  *Visa expiry date:*  *Conditions attached to visa:*  *Last date you entered Australia on that visa:*  **(Please provide a copy of your visa grant notice)** |
| Have you held two or more TSS visas in the short term stream in the last five years?  *(if you are unsure whether your visas were in the short term stream, please tick YES and provide copies of your TSS visas)* | No  Yes *(give details) -* |
| In the last five years, has your cumulative stay period in Australia been four years or more? | No  Yes *(give details including all visas held and purpose of visit) -* |
| Have you, or any other person included in your visa application ever had an Australian visa refused or cancelled? | No  Yes *(give details) -* |
| Have you, or any other person included in your visa application ever held an Australian Bridging Visa E?  *(usually given to people who have no other visa to facilitate departure from Australia)* | No  Yes *(give details) -* |
| If you are in Australia, provide details of any proposed international travel during the preparation and processing of this visa application: | NA |
| If you, or any other person included in your visa application are currently holders of a student visa, do you receive financial support from the Australian government through AusAid, or a foreign government? | No  Yes *(give details) -* |

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| Employment *Please provide details of your last five (5) years of employment history* | |
| Position title: | Senior Test Lead |
| Employer name: | HCL Technologies Pvt Ltd |
| Country of employment: | India |
| Employment period: | *From date: 01/10/2021 to date: till date* |
| Employment type: | Full Time  Part Time  Casual |
| Is this employment related to the position you have been nominated for? | Yes |
|  | |
| Position title: | Senior Test Automation Engineer |
| Employer name: | Oracle India Pvt Ltd |
| Country of employment: | India |
| Employment period: | *From date: 23/05/2016 to date:28/09/2018* |
| Employment type: | Full Time  Part Time  Casual |
| Is this employment related to the position you have been nominated for? | Yes |
|  | |
| Position title: | Associate - Projects |
| Employer name: | Cognizant Technology Solutions India Pvt Ltd |
| Country of employment: | India |
| Employment period: | *From date: 01/10/2014 to date:20/05/2016* |
| Employment type: | Full Time  Part Time  Casual |
| Is this employment related to the position you have been nominated for? | Yes |
|  | |
| Position title: | Sr Test Engineer |
| Employer name: | Accentiv India Pvt Ltd |
| Country of employment: | India |
| Employment period: | *From date: 08/07/2010 to date:06/08/2014* |
| Employment type: | Full Time  Part Time  Casual |
| Is this employment related to the position you have been nominated for? | Yes |
|  | |
| Is registration or a license required to work in the occupation you have been nominated for in Australia? | No  Yes *(give details) –*  *Do you currently have this registration/license?*  *(Provide a scanned copy if so)* |
| Have you undertaken a skills assessment, or are undertaking a skills assessment as part of this visa application? | No  Yes *(Please provide a copy of the skills assessment outcome or details of the submitted assessment)* |

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| Salary Details *Please provide the following salary details, as they relate for this nominated role* | |
| Have you agreed to pay your employer (or employer’s agent) for any purpose whatsoever, including, but not limited to: recruitment, travel, visa application costs and/or agent fees? | No  Yes *(give details, including the purpose and value of the agreed payment/s) -* |
| Total remuneration / earnings package:  *(including monetary and non-monetary benefits such as accommodation etc, but* ***exclusive of******superannuation****)*  *Monetary benefits include: base salary, allowances, etc.*  *Non-monetary benefits include: value of company car, accommodation provided by company, health insurance etc.* | AUD$ |
| Cash component of total remuneration / earnings package:  *(****exclusive of superannuation****)* | AUD$ |
| Education History *Please provide details of all past and current studies at secondary level and above* | |
| Qualification: | Bachelor Of Engineering |
| Course name: | Information Science |
| Institution name: | JSS Academy of Technical Education, Bangalore |
| Country of institute: | India |
| Study period *(dd/mm/yyyy)* | *Start date: 08/08/2004 End date:01/08/2007* |
|  | |
| Qualification: | Diploma Computer Science |
| Course name: | Computer Science |
| Institution name: | PES Polytechnic, Bangalore |
| Country of institute: | India |
| Study period *(dd/mm/yyyy)* | *Start date07/06/1998: End date:01/10/2001* |
|  | |
| Qualification: | SSLC |
| Course name: | Higher Secondary School |
| Institution name: | Vijaya High School |
| Country of institute: | India |
| Study period *(dd/mm/yyyy)* | *Start date: 01/06/1992 End date:28/05/1995* |
|  | |
| Qualification: |  |
| Course name: |  |
| Institution name: |  |
| Country of institute: |  |
| Study period *(dd/mm/yyyy)* | *Start date: End date:* |
|  | |
| Qualification: |  |
| Course name: |  |
| Institution name: |  |
| Country of institute: |  |
| Study period *(dd/mm/yyyy)* | *Start date: End date:* |
| Travel History – ALL Countries for ALL Applicants Over 16yrs Old – LAST 10 YEARS *Please provide the following international travel details. We recognize that it can be challenging to provide this information. Refer to current/previous passports that have been held by any applicants included in this application to assist. If this information is not available, please list dates to the best of your recollection. If you made frequent trips to a particular country and cannot identify the individual trips, please state the destination(s), the number of trips and the period over which the trips took place.* | |
| Country visited: | India |
| Reason for visit: | Citizen by birth |
| Date entered country: | NA |
| Date departed country: | NA |
| Applicant/s this travel relates to: | NA |
| If your **total** period of time in this country was more than 12 months, include the address you resided at | *Street address: Rudra swamy Road*  *Suburb/Town/City: Bangalore*  *State/Province: Karnataka*  *Postal code:560019* |
|  | |
| Country visited: |  |
| Reason for visit: |  |
| Date entered country: |  |
| Date departed country: |  |
| Applicant/s this travel relates to: |  |
| If your **total** period of time in this country was more than 12 months, include the address you resided at | *Street address:*  *Suburb/Town/City:*  *State/Province:*  *Postal code:* |
|  | |
| Country visited: |  |
| Reason for visit: |  |
| Date entered country: |  |
| Date departed country: |  |
| Applicant/s this travel relates to: |  |
| If your **total** period of time in this country was more than 12 months, include the address you resided at | *Street address:*  *Suburb/Town/City:*  *State/Province:*  *Postal code:* |
|  | |
| Country visited: |  |
| Reason for visit: |  |
| Date entered country: |  |
| Date departed country: |  |
| Applicant/s this travel relates to: |  |
| If your **total** period of time in this country was more than 12 months, include the address you resided at | *Street address:*  *Suburb/Town/City:*  *State/Province:*  *Postal code:* |

*Please copy and paste additional sections of the above tables as required*

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| Health Declarations *Please provide the following details for all applicants included in this application* | |
| In the last five (5) years, have you or any other person included in this application visited or lived outside your country of passport, for more than three (3) consecutive months (not including Australia)? | No  Yes *(give details) –*  *Applicant/s:*  *Country:*  *Date from: Date to:*  *Applicant/s:*  *Country:*  *Date from: Date to:*  *Applicant/s:*  *Country:*  *Date from: Date to:* |
| During your proposed stay in Australia, do you or any other applicant, intend to enter:  An Australian hospital or any health care facility?  *(Such as dentist surgery, private health care clinic, nursing home, pathology laboratory, ambulance station, or community or rural nursing facility)* | No  Yes *(give details) –* |
| During your proposed stay in Australia, do you or any other applicant, intend to:   * Work as, or study to be a doctor, dentist, nurse or paramedic? * Work, or be a trainee, at a child care Centre (including preschools and crèches)? * Be in a classroom situation for more than three (3) months, as a student, lecturer, teacher or observer? | No  Yes *(give details) –* |
| During your proposed stay in Australia, do you or any other applicant, expect to incur medical costs, or require treatment or medical follow up for:   * Blood disorders * Cancer * Heart disease * Hepatitis B or C, and/or liver disease * HIV infection, including AIDS * Kidney disease, including dialysis * Mental illness * Pregnancy * Respiratory disease that has required hospital admission or oxygen therapy * Or; any other health concerns | No  Yes *(give details) –* |

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| Health Declarations *Continued* | |
| Do you, or any other person included in this application require assistance with mobility or care due to a medical condition? | No  Yes *(give details) –* |
| Is anyone included in this application pregnant? | No  Yes *(give details) –* |
| Have you, or any other person included in this application spent a period of 28 days or more, after 5th May 2014, in Angola, Afghanistan, Cameroon, China, Democratic Republic of the Congo, Ethiopia, Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Pakistan, Papua New Guinea, Somalia, Syria, Philippines, Chad, Togo or Zambia or in any combination of these countries? | No  Yes *(give details) –* |
| As part of this application, applicants may be required to complete a medical questionnaire for the purposes of determining whether a health examination and/or x-ray is required to meet the health criteria for the visa application. Do you, or any other person included in this application, have any health conditions/problems that you are aware of? | No  Yes *(give details) –* |
| Have you, or anyone else included in this application undertaken a health examination for an Australian visa in the last 12 months? | No  Yes *(give details) –*  *Applicant:*  *HAP ID:* |
| Have you, or anyone else included in this application:   * Ever had, or currently have, tuberculosis? * Been in close contact with a family member that has active tuberculosis? * Ever had a chest x-ray which showed an abnormality? | No  Yes *(give details) –* |

*The remainder of this page has intentionally been left blank. Please proceed onto the next page.*

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| Character Declarations | | |
| NOTE: Please read all of the following text carefully before answering this question. Failure to answer these questions correctly can lead to refusal/cancellation of a visa and an exclusion period from reapplying.  Have you, or any other person included in this application ever:   * Been charged with an offence which is currently awaiting legal action? * Been convicted of an offence in any country (including any conviction which is now removed from official records)? *Please ensure you include details of all convictions, however minor)* * Been the subject of an arrest warrant or Interpol notice? * Been found guilty of a sexually based offence involving a child (including where no conviction was recorded)? * Been named on a sex offender register? * Been acquitted of any offence on the grounds of unsoundness of mind or insanity? * Been found by a court not fit to plead? * Been directly or indirectly involved in, or associated with, activities which would represent a risk to national security in Australia or any other country? * Been charged with, or indicted for: genocide, war crimes, crimes against humanity, torture, slavery, or any other crime that is otherwise of a serious international concern? * Been associated with a person, group or organisation that has been or is involved in criminal conduct? * Been associated with an organisation engaged in violence or engaged in acts of violence (including war, insurgency, freedom fighting, terrorism, protest) either overseas or in Australia? * Ever served in a military force, police force, state sponsored/private militia or intelligence agency (including secret police)? * Ever undergone any military/ paramilitary training, been trained in weapons/explosives or in the manufacture of chemical/biological products? * Been involved in people smuggling, movement of people or people trafficking offences? * Been removed, deported or excluded from any country (including Australia)? * Ever overstayed a visa in any country (including Australia)? * Ever had any outstanding debts to the Australian Government or any public authority in Australia? * Ever been the subject of a domestic violence or family violence order, or any other order, of a tribunal court or other similar authority, for the personal protection of another person? | | No  Yes *(give details regarding the nature of the offence, location it occurred and penalty) –*  \*If you answered yes to this question and your response relates to military service, please provide details of your dates of service and your discharge certificates |
| Health Insurance | | |
| Will your employer be arranging necessary health insurance on behalf of you, and any other applicants included in this application, for your stay in Australia? | No  Yes | |
| Do you hold health insurance for you, and any other applicants included in this application? | No  Yes | |
| English Language | | |
| Is English your first language (mother tongue)? | Yes  No *(what is your main language?) -* Kannada | |
| Have you undertaken an English language test in the last thirty-six (36) months? | No  Yes *(Please provide a scanned copy of the test results)* | |
| Have you studied for at least five (5) years in a secondary and/or higher institution where instruction was in English? | No  Yes *(Please provide a scanned copy of transcript, plus details of the institute, qualification, number of English instruction hours per week and the number of years of continuous study)* | |
| Is there an English language requirement associated with your professional registration?  *(If applicable)* | No  Yes *(give details) –* | |
| Declarations | | |
| **Applicants in the Short-Term Stream**: The applicant declares that they are a genuine temporary entrant: | Yes  No | |
| In the event that the company applications (sponsorship or nomination) are refused or withdrawn, do you wish to withdraw your (and any other applicant’s) visa application/s?  *Please note, your visa application cannot be approved without the sponsoring company holding a valid sponsorship, and, a nomination application being approved for this visa application.* | No *(If you do not withdraw your application, a decision will be made on your application. If the application is refused, then this may limit your further options for lodging a further visa application whilst in Australia in some circumstances)*  Yes *(If you withdraw your application, the case will be considered closed and you will forego any review rights to which you might have been entitled)* | |
| Do you understand that if this application is approved, any person not included in the application will not have automatic right of entry to Australia? | No  Yes | |
| Do you have an existing relationship with any of the Owners, Directors and/or Principals of the business you are being nominated for?  *Please note this includes any context of professional, family and/or personal relationship.* | No  Yes *(Please provide the following details)*  *Full name of individual:*  *Position / Role of individual:*  *Nature of relationship to this individual:* | |

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| Declarations *Continued* | |
| Do you declare that you have been working in a similar position to the nominated occupation for at least 2 years? | No  Yes |
| Do you certify that you have not made any form of payment (or promised to pay) the person who nominated you (or any of their associates), either directly or indirectly through another party, for nominating you or any other applicants included in this application? | No  Yes  *Further details can be located here -* [*http://www.homeaffairs.gov.au/Trav/Work/Work-1/payment-for-visas-declaration-requirement*](http://www.homeaffairs.gov.au/Trav/Work/Work-1/payment-for-visas-declaration-requirement) |
| Do you declare that you, and any other applicants included in this application, have made adequate arrangements for health insurance during the period of your intended stay in Australia | No  Yes  *Please note you will need to continue to hold this insurance during your stay in Australia. See the attached FAQ on Health Insurance for further details.* |
| Do you understand that you are liable for the cost of any health related services you receive while you are in Australia? This does not include health costs otherwise covered, such as by health insurance, Medicare (if eligible), or treatment for certain community health risks such as tuberculosis. If you incur a debt that is left unpaid, your visa eligibility may be affected. | No  Yes |
| Do you declare that:   * The information provided in this form is correct and up to date. * You understand that if any fraudulent documents or false or misleading information has been provided with this application or if you fail to satisfy the Minister or your identity, your application may be refused and you, and any member of your family unit, may become unable to be granted a visa for a specified period. * You understand that if documents are found to be fraudulent or information to be incorrect after the grant of a visa, the visa may subsequently be cancelled | No  Yes |
| Do you declare that you will abide by the conditions of your visa? | No  Yes |
| Do you declare that you understand that if your visa ceases whilst you are in Australia and you do not hold another visa to remain in Australia, you will become an unlawful non-citizen? In these circumstances you will be expected to depart to Australia and may be subject to removal. | No  Yes |

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| Declarations - Medical | |
| Do you understand that:   * The Commonwealth of Australia becomes the owner of the information entered into eMedical and that this information will be passed to the Department; * The Department is authorised to collect and use the personal information entered into eMedical under section 60 of the Migration Act 1958; * Your personal information (including sensitive information) stored in eMedical (including medical results, bio details and digital photographs) may also be disclosed to:   - Australian Government health agencies, health and settlement service providers and examining doctor(s). - Australian Government agencies authorised to receive information relating to adoption, border control, business skills, citizenship, education, health assessment, health insurance, health services, law enforcement, payment of pensions and benefits, taxation, superannuation, review of decisions, child protection and registration of migration agents. - Australian law enforcement, health agencies and international agencies, including overseas recipients in the United Kingdom, the United States of America, Canada and New Zealand, for the purposes of identity checking.  Do you consent to:   * Your medical information being submitted to the Department for the purposes of assessing your health for current or future Australian visa applications; * The Department retaining your medical information, including any x-ray images uploaded to eMedical, beyond the finalisation of your visa application, for the purposes of considering future applications you may make for a visa to Australia; * The Department disclosing your personal information, including information about your health, to the radiologists/panel doctors who have examined you. * The Department storing your digital photograph(s), which may be used by the Department for client identification, purposes in addition to the health examination process. | No  Yes |

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| --- | --- |
| Declarations - Privacy | |
| Do you declare that:   * You have read the information contained in the Privacy Notice (Form 1442i)?\* * You understand that the Department may collect, use and disclose your personal information (including biometric information and other sensitive information) as outlined in the Privacy Notice (Form 1442i)?\* * You understand that, if required to provide your fingerprints and facial image, the fingerprints and facial image and biographical information held by the Department may be given to Australian law enforcement agencies to help identify you and determine your eligibility for grant of the visa being applied for, and for law enforcement purposes? * You give consent to the Australian Criminal Intelligence Commission (ACIC) to access your (and your family's) personal information?   You give consent to:   * The collection of all applicants’ fingerprints and facial image (including applicants’ aged under 16 years old) * Your fingerprints and facial image and biographical information given to law enforcement agencies to help identify you and determine eligibility for the grant of the visa and for law enforcement purposes * Australian law enforcement agencies disclosing your biometric, biographical and criminal record information to the Department of Home Affairs to help identify you and determine eligibility for grant of the visa being applied for, and for law enforcement purposes * The Department of Home Affairs using your biometric, biographical and criminal record information obtained for the purposes of the Migration Act 1958 or the Citizenship Act 2007 | No  Yes  *\*Privacy Notice (Form 1442i) can be viewed at:*  <https://www.homeaffairs.gov.au/Forms/Documents/1442i.pdf> |
| Declaration – Parent/Guardian | |
| I certify that:  Where an applicant included in this application, is under the 18 years of age, I am not aware of any reason why the applicant should not travel to Australia (the custody /access/guardianship rights of another person are not affected) | No  Yes |

|  |  |
| --- | --- |
| Declaration – VEVO Consent | |
| During the application process, and your employment with the sponsor (or an associated entity), Fragomen may need to confirm your visa status and your right to work in Australia. This is done through VEVO, an online facility that allows us to check your visa entitlements and right to work.  The terms and conditions of use of VEVO require that your consent be obtained prior to collecting information about you.  By conducting a VEVO inquiry, we will obtain certain information about you, namely your name, date of birth, passport details and visa status.  We will not pass that information onto anyone without your consent. However, if you are not entitled to be in Australia, the Commonwealth may use Fragomen’s VEVO account details to locate you.  Do you provide consent to Fragomen undertaking a VEVO enquiry, as required, throughout the application process? | No  Yes  You can withdraw this consent at any time by notifying us in writing. |

**AUSTRALIAN VALUES STATEMENT**

*I confirm that I have read, or had explained to me, information provided by the Australian Government on* [*Australian society and values*](https://immi.homeaffairs.gov.au/help-support/meeting-our-requirements/australian-values)*.*

*I understand that Australian society values:*

*respect for the freedom and dignity of the individual;*

*freedom of religion (including the freedom not to follow a particular religion), freedom of speech, and freedom of association;*

*commitment to the rule of law, which means that all people are subject to the law and should obey it;*

*parliamentary democracy whereby our laws are determined by parliaments elected by the people, those laws being paramount and overriding any other inconsistent religious or secular “laws”;*

*equality of opportunity for all people, regardless of their gender, sexual orientation, age, disability, race, or national or ethnic origin;*

*a ‘fair go’ for all that embraces:*

*mutual respect;*

*tolerance;*

*compassion for those in need;*

*equality of opportunity for all;*

*the English language as the national language, and as an important unifying element of Australian society.*

*I undertake to conduct myself in accordance with these values of Australian society during my stay in Australia and to obey the laws of Australia.*

*(All applicants aged 18 and above must sign this declaration)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature 1

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature 2 *(if applicable)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature 3 *(if applicable)*

**AUTHORISATION TO LODGE VISA APPLICATION**

I VIJAY SUNKENAHALLI RAMU (Insert name) and

I ……………………………….… (Insert spouse name – if applicable) certify that:

The information on this form is true and correct and I authorise Fragomen to populate the visa form on the basis of the information and supporting documents that I have provided, and that my employer has provided (such information and documents may include passport information, resume, employment contract and salary information). I authorise Fragomen to act on my behalf with regard to my application for a TSS visa and understand they may receive written communication regarding myself or any other applicants included in this application, in relation to the visa process. I authorise the application to be lodged by a Fragomen registered migration agent with the Department on my and my family’s behalf.

I will also notify Fragomen:

- If I become aware that any information that I have provided in this questionnaire or within the supporting documentation is incorrect; and

- There is a change in my personal circumstances (including change of address) that affect how I have answered any of the questions in this questionnaire

*(All applicants aged 18 and above must sign this declaration)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature 1

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature 2 *(if applicable)*

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Signature 3 *(if applicable)*

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REPRESENTATION STATEMENT

Fragomen, Del Rey, Bernsen & Loewy, LLP and its affiliates (collectively “Fragomen,” “our,” “us”, or “we”) require the information requested in the accompanying Questionnaire prior to providing legal advice or other immigration-related services. Please do not submit the accompanying Questionnaire until you have reviewed our Privacy Policy and Notice (“Privacy Notice”).

If you have engaged Fragomen individually, please refer to your engagement letter, which will outline the scope of Fragomen’s representation. Where Fragomen has been engaged by your current or prospective employer (including its related companies as appropriate) (“Employer”) to provide certain services for which you are a beneficiary, our attorney-client relationship is with Employer. While you (and in some instances your dependents) may also be a client of Fragomen in particular situations, that representation is limited in certain ways:

* Fragomen’s representation is only on specific immigration services (e.g., visa applications) requested by Employer unless we have a separate written engagement with you.
* Fragomen will follow Employer’s directions with respect to its matters, including immigration services for which you (and any dependents) are the beneficiary and any government inquiry, subpoena or the like for which Employer determines how to respond and whether to disclose information of any nature to third parties in accordance with applicable law.
* Fragomen may disclose to Employer information about you (and your dependents) of which it becomes aware, but will not provide you any confidential or proprietary information belonging to Employer unless authorized (including any adverse employment-related information). Subject to the professional obligations of Fragomen attorneys, your personal information shall otherwise be kept confidential, and shall not be disclosed to third parties unless in accordance with our Privacy Notice.
* Other than your personal documents, the contents of the file in your matter belong to Employer and will not be released to you (other than as may be appropriate, including documents reasonably necessary to protect your interests) without Employer’s express written permission. Fragomen recognizes that under applicable laws you may have certain rights to access your personal data. In accordance with our Privacy Notice and in our role as data processor acting on behalf of Employer, Fragomen will use reasonable efforts to assist Employer in responding to an access request within a reasonable period of time. To exercise these rights, please contact Employer.
* Though we perceive no actual conflict of interest between you and Employer at this time, your interests may diverge in the future – for example, if you were to change employers or have other unique personal circumstances which are relevant to your visa status. If and when we recognize that a conflict of interest has developed for any reason during this representation, and that the conflict is not waivable under either an engagement letter with your Employer or applicable Rules of Professional Conduct, we will cease representing you and any dependents. We will continue to represent Employer to the extent permitted under applicable ethics rules.

By proceeding to work with Fragomen on immigration matters as directed by your Employer, you are considered to have consented to the limited nature of Fragomen’s representation described above. All legal fees and disbursements in connection with this matter will be paid by Employer unless otherwise agreed in writing.

By submitting information concerning immigration matters to Fragomen you also confirm that all of the information you provide to us is complete and accurate. Knowingly providing false information to the government may subject you to certain civil and criminal penalties. You also agree that you will provide us with full cooperation, which includes providing relevant information when needed, and timely returning our emails and telephone calls.

If you fail to provide such full cooperation, we may seek to withdraw as the representatives on matter(s) relating to you. Please contact us if you have any questions.

We the undersigned understand the limit to Fragomen’s representation in the manner set out in this Representation Statement.

*(All applicants aged 18 and above must sign this declaration)*

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Signature 1 Print Name in Full

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Signature 2 *(if applicable)* Print Name in Full

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Signature 3 *(if applicable)* Print Name in Full

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Date