

Advice by a migration agent/exempt person of providing immigration assistance

956

Department of Immigration and Border Protection

	Please use a pen, and write neatly in English using BLOCK LETTERS. Tick where applicable	7 Do you agree to the department communemail or other electronic means?	nicating with you by fax,	
1	Are you notifying the department that you have been appointed to provide immigration assistance, or that your appointment has ended?	No ☐ Yes ☐ ▶ Give details COUNTRY CODE AREA CODE	NUMBER	
	New appointment	Fax number () ()	
	Appointment has ended Complete Part B and Part C	Email address		
	You do not need to complete Part A.	8 In what capacity are you providing assist	ance?	
		Registered migration agent		
	Part A – New appointment	IAAAS L	to Question 9	
	Migration agent/exempt person's details	PAIS U		
2	Migration agent/exempt person's details	Non-registered migration Go agent outside Australia	to Question 11	
	Title: Mr Mrs Miss Ms Other	Exempt person Go	to Question 12	
	Family name	9 Migration Agent Registration	7 DIGITS	
	Given names	Number (MARN)	: : : :	
	Exempt person's date of birth DAY MONTH YEAR / /	10 Is there another registered migration age the department may discuss this case w		
3	Organisation name (if applicable)	No Go to Question 13	No Go to Question 13	
Ü	отданизация нати (п аррисацио)	Yes Five details of the other age	nt	
		Family name		
4	Business or residential address	Given names		
7	DUSTRIESS OF TESTUEFITIAL AUDITESS	Telephone numbers		
		COUNTRY CODE AREA CODE	NUMBER	
	POSTCODE	Office hours () ()	
	1001002	Mobile/cell		
5	Address for correspondence	Migration Agent Registration	7 DIGITS	
	(If the same as business or residential address, write 'AS ABOVE')	Number (MARN)	: : : :	
		▶ Go to Question 13		
	POSTCODE	11 Offshore Agent ID Number		
		(if allocated by the department)		
6	Telephone numbers	► Go to Question 13		
	COUNTRY CODE AREA CODE NUMBER	12 Reason you are exempt from registration	l	
	Office hours () ()	Close family member (spouse, child		
	Mobile/cell	, , , , , , ,	Sponsor	
			Nominator	
		Member of a di	plomatic mission, consular	
		post of	r international organisation	
		Member	of parliament or their staff	

An official whose duties include providing immigration assistance

Client's details

13		eiving immigration assistance s a: <i>(tick one only)</i> visa applicant	16		e you providing assistance with an application process, a cancellation ocess or specific matter? (tick one only)
	,	sponsor or sponsor applicant		·	Application process
		nominator or nominator applicant			Type of application
		proposer or proposer applicant			туре от аррисации
		visa holder whose visa is being considered for			DAY MONTH VEAD
		cancellation or has been cancelled			Date lodged / / Not yet lodged
		person requesting ministerial intervention			
					Cancellation process
14	Client 1				Subclass of visa
	Full name (If the contact person)	e client is an organisation, provide the name of the			DAY MONTH YEAR
	Family name				Date visa granted //
	Given names	DAY MONTH YEAR			Specific matter – give details (eg. sponsorship monitoring and
	Date of birth	/ /			sanction activity by the department, or for only one stage of a two
	Organication no	omo (if applicable)			stage visa, ministerial intervention)
	Organisation na	ame (if applicable)			
	Business or res	sidential address			
		POSTCODE			
	Telephone num	bers			
		COUNTRY CODE AREA CODE NUMBER			
	Office hours	() (
	Mobile/cell				
	DIDD Client ID	number (if known)			
	DIBL CHEULID I	number (if known)			
15	Names of other clients you are providing immigration assistance to in relation to the same matter (eg. dependant applicants)		17	Provide at least one of the following numbers (if known)	
	1. Family nar	ne		DIB	RP Request ID number (RID)
	•				BP Transaction Reference
	Given nam	nes			mber (TRN)
	2. Family nar	me		Αı	uthorised recipient
	Given nam	nes			•
			18		we you been authorised to receive written communication on behalf
	3. Family nar	ne			your client(s) in relation to the matter indicated in Question 16?
	Given nam	291		No	■ Go to Part C
		163		Yes	
	4. Family nar	me	19	Hav	ve you been authorised to receive health and character information
	Given nam			abo	out the client(s) you are providing assistance to, their spouse,
		100			facto partner or dependants, that may arise, or be revealed in the urse of this matter?
	E Familia	ma			irse or uns mader?
	5. Family nar	IIE		No	► Go to Part C
	Given nam	nes		Yes	

Type of assistance

Part B – Ending appointment

	Part B – Ending appointment		Part C – Declarations			
20	Migration agent/exempt person's details		Declaration by migration agent/exempt			
	Family name		person			
	Given names	23	Tick one only			
	Organisation name (if applicable)		Appointment – I declare that I have been appointed by the client named in Part A of this form as a migration agent/exempt person and that I will act on the client's behalf as permitted by law.			
	Telephone numbers COUNTRY CODE AREA CODE NUMBER Office hours		Ending appointment – I declare that I am no longer acting on behalf of the client named in Part B and I have advised the client accordingly.			
	Mobile/cell		Signature of migration agent/exempt person			
			Signature of migration agent exempt person			
	If applicable: Migration Agent Registration Number (MARN)		€ D			
	Offshore Agent ID Number		Date / / /			
21	Client's details Full name (If the client is an organisation, provide the name of the		Declaration by client			
	contact person)	24	Tick one only			
	Family name Given names DAY MONTH YEAR		Appointment – I declare that I have appointed the migration agent/exempt person named in Part A of this form to provide assistance with matters as indicated on this form.			
	Date of birth / / Organisation name (if applicable)		Ending appointment – I declare that the migration agent/exempt person named in Part B is no longer acting on my behalf.			
			Signature of client			
22	Provide at least one of the following numbers		DAY MONTH YEAR			
	DIBP Request ID number (RID)		Date / /			
	DIBP Transaction Reference Number (TRN)					