

Appointment or withdrawal of an authorised recipient

956A

Who should use this form?

This form should be used to notify the Department of Home Affairs (the Department) that you are:

- **appointing** an authorised recipient to receive documents that the Department would otherwise have sent to you; or
- withdrawing the appointment of your authorised recipient.

Return the completed form to the office where you lodged your application or for any other matter (eg. proposed visa cancellation), to the office of the Department that is responsible for that matter. If you are unsure which office is responsible for your matter, this form may be submitted to the nearest office of the Department.

Do not use this form if:

• you are appointing a registered migration agent, Australian legal practitioner or exempt person to provide you with immigration assistance and they will also be your authorised recipient.

In this case the registered migration agent, Australian legal practitioner or exempt person should complete form 956 *Appointment of a registered migration agent, legal practitioner or exempt person.*

Who is an exempt person?

The following people do not have to be registered as migration agents or be an Australian legal practitioner in order to provide immigration assistance:

- a close family member (spouse, child, adopted child, parent, brother or sister);
- a sponsor or nominator of a visa applicant;
- a member of parliament or their staff;
- an official whose duties include providing immigration assistance;
- a member of a diplomatic mission, consular post or international organisation.

An exempt person must not charge a fee for their service. It is an offence for an exempt person to charge a fee for providing immigration assistance and penalties of up to 10 years jail can apply.

Australian legal practitioner

Australian legal practitioner means a lawyer who holds a practising certificate (whether restricted or unrestricted) granted under a law of a State or Territory.

Authorised recipient

An authorised recipient is a person appointed to receive documents from the Department relating to matters arising under the *Migration Act 1958* (the Act) or the Migration Regulations 1994 on behalf of another person.

The most common times an authorised recipient would be appointed is during visa application processes, visa cancellation processes, sponsorship processes (including monitoring or sanctions) or ministerial intervention requests.

The Department cannot discuss matters relating to you with the authorised recipient unless they are also acting on your behalf as your registered migration agent, Australian legal practitioner or exempt person, or you have separately provided the Department with consent to disclose your personal information to them.

You may only appoint one authorised recipient at any time for a particular application or matter. The Department will send documents to the most recently appointed authorised recipient.

The Department is required under the Act to send your authorised recipient any documents relating to your matter (eg. visa application or cancellation of a visa), that would otherwise have been sent to you. Under most circumstances, you will not receive a separate copy of the documents. You are taken to have received any documents sent to your authorised recipients as if they had been sent to you.

You should be aware that the documents sent to your authorised recipient might include sensitive information about matters such as your health and character.

If you change your authorised recipient or end their appointment you must promptly advise the Department. You may use this form for that purpose.

Dependent applicants

All persons listed on this form will be considered to have appointed the same authorised recipient.

If a person 16 years of age or older wants to appoint a different authorised recipient they should complete a separate form 956A.

Consent to communicate electronically

The Department may use a range of means to send documents to your authorised recipient. However, electronic means such as fax or email will only be used if your authorised recipient indicates their agreement to receiving documents on your behalf in this way.

To process your matter with the Department (such as visa application or visa cancellation action), the Department may need to communicate with you about sensitive information, for example, health, police checks, financial viability and personal relationships. This means the information may be contained in the documents that are sent to your authorised recipient. Electronic communications, unless adequately encrypted, are not secure, and any information about you sent electronically to your authorised recipient may be viewed by others or interfered with. If your authorised recipient agrees to the Department sending your documents to them by electronic means, the details they provide will only be used by the Department for the purpose of sending documents. They will not be added to any mailing list.

The Australian Government accepts no responsibility for the security or integrity of any information sent to the Department over the internet or by other electronic means.

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.homeaffairs.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.homeaffairs.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.



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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	8	Address for correspondence (If the same as business or resident)
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	9	Telephone numbers COUNTRY CODE A
withdrawing the appointment of an authorised recipient Complete Part B and Part C You do not need to complete Part A		Office hours () (Mobile/cell
Part A – New appointment	10	Names of other persons 16 year the same authorised recipient in
Your details		1. Family name
Are you a: visa applicant (tick one only) sponsor or sponsor applicant nominator or nominator applicant proposer or proposer applicant		Given names 2. Family name Given names
visa holder whose visa is being considered for cancellation or has been cancelled person requesting ministerial intervention		3. Family name Given names
Do you have a Home Affairs (HA) Client ID number (CID)? No Yes HA Client ID	11	If there are more than 3 other per Have you appointed a registered practitioner, or exempt person to
Full name (For an organisation, provide the name of the contact person) Title: Mr Mrs Miss Ms Other		assistance? No ☐ Yes ☐ ▶ Give details of the reglegal practitioner, or e
Family name		Family name
Given names		Given names
Date of birth		If applicable: Migration Agent Registra Number (MARN)
Organisation name (if applicable)		Note: Your registered migration a exempt person should complete migration agent, legal practitione
Business or residential address		
PASTCANE		
	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 Are you using this form to notify the Department that you are: appointing an authorised recipient withdrawing the appointment of an authorised recipient Part A — New appointment Your details Are you a: visa 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 Do you have a Home Affairs (HA) Client ID number (CID)? No Yes HA Client ID number (CID) Full name (For an organisation, provide the name of the contact person) Title: Mr Mrs Miss Ms Other Family name Given names Business or residential address	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 Are you using this form to notify the Department that you are: appointing an authorised recipient Complete Part A and Part C You do not need to complete Part B withdrawing the appointment of an authorised recipient Part A — New appointment Your details Are you a: visa applicant nominator or nominator applicant proposer or proposer applicant proposer or proposer applicant proposer or eancelled person requesting ministerial intervention Do you have a Home Affairs (HA) Client ID number (CID)? No

		POSTCODE
lele	ephone numbers	INTRY CODE AREA CODE NUMBER
Offi	ice hours) ()
Mo	bile/cell	
		rsons 16 years of age or older who are appoint recipient in relation to the same matter
1.	Family name	
	Given names	
	GIVOIT HAITIOU	
2.	Family name	
	Given names	
3.	Family name	
	Given names	
lf tl	nere are more tha	an 3 other persons, give details at Question 30
ora		a registered migration agent, Australian legal pt person to provide you with immigration
	istance?	
Vo Yes	Give deta	ails of the registered migration agent, Australi
		actitioner, or exempt person
Far	nily name	
Giv	en names	
al v	pplicable:	7,01072
		7 DIGITS

Appointment details

12	prod	you appointing an authorised recipient in relation to an application cess, a cancellation process or another matter (eg. a sponsorship nitoring and sanction activity by the Department, or only one stage	14	Full name Title: Mr Mrs Miss Ms Other
		two stage visa application, or ministerial intervention)?		Family name
		Application process		
		Type of application		Given names
		DAY MONTH YEAR	15	Date of birth Date of birth
		Date lodged Not yet lodged	16	Business or residential address
		Cancellation process		
		Subclass of visa		
				POSTCODE
		Date visa granted Day MONTH YEAR	17	Address for correspondence (If the same as business or residential address, write 'AS ABOVE')
		Another matter – give details		
				POSTCODE
			18	Telephone numbers
				COUNTRY CODE AREA CODE NUMBER
				Office hours () ()
				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
		If insufficient space, give details at Question 30		Yes → Give details
			COUNTRY CODE AREA CODE NUMBER	
13		vide the HA ID number (if known) attached to the matter listed in estion 12 in relation to which you are appointing an authorised	Fax number () ()	
		pient	Email address	
	HA Request ID number (RID)			→ Go to Part C
HA Transaction Reference Number (TRN)				

Authorised recipient's details

Part B - Withdrawing an appointment

20 Your details Full name Full name (For an organisation, provide the name of the contact person) Family name Family name Given names Given names MONTH YEAR **26** Are you withdrawing the appointment of an authorised recipient in Date of birth relation to an application process, a cancellation process or another Organisation name (if applicable) matter (eg. sponsorship monitoring and sanction activity by the Department, or only one stage of a two stage visa application, or ministerial intervention)? Telephone numbers **Application** process COUNTRY CODE Type of application Office hours Mobile/cell DAY MONTH YEAR Date lodged HA Client ID number (CID) (if known) **Cancellation** process Names of **other persons** 16 years of age or older who are withdrawing the appointment of the same authorised recipient in Subclass of visa relation to the same matter 1. Family name DAY MONTH YEAR Date visa granted Given names **Another matter** – give details 2. Family name Given names Family name Given names Your contact details Business or residential address If insufficient space, give details at Question 30 POSTCODE Telephone number **27** Provide the HA ID number (if known) attached to the matter in relation COUNTRY CODE AREA CODE to which you are withdrawing your appointment of the authorised Office hours recipient HA Request ID number (RID) 23 Address for correspondence **HA Transaction Reference** (If the same as business or residential address, write 'AS ABOVE') Number (TRN) POSTCODE Do you agree to the Department communicating with you by fax, email or other electronic means? No Give details COUNTRY CODE NUMBER AREA CODE Fax number) (Email address

25 Authorised recipient's details

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

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				
	DAY	MONTH	YEAR	_
Date				

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				
	L			
Date	DAY	MONTH	YEAR	
Signature	L			
Date	DAY	MONTH	YEAR]
Signature	L i			
Date	DAY	MONTH	YEAR]

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

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Question number	Additional information