



Appointment or withdrawal of an authorised recipient

Form
956A

Who should use this form?

This form should be used to notify the Department of Immigration and Border Protection (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 migration agent or exempt person** to provide you with immigration assistance and they will also be your authorised recipient.

In this case the migration agent or exempt person should complete form 956 *Advice by a migration agent/exempt person of providing immigration assistance*.

Who is an exempt person?

The following people do not have to be registered as migration agents 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.

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 migration agent/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, unless you indicate on this form that you do not wish such information to be sent to your authorised recipient.

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.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.



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Form
956A

Please use a pen, and write neatly in English using BLOCK LETTERS.

Tick where applicable ☒

1 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

withdrawing the ☐ **Complete Part B and Part C**
appointment of an authorised recipient You do not need to complete Part A

Part A – New appointment

Your details

2 Are you a: ☐ visa applicant
(tick one only) ☐ 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

3 Do you have a DIBP Client ID number (CID)?

No ☐

Yes ☐ DIBP Client ID
number (CID)

4 Full name (For an organisation, provide the name of the contact person)

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

Given names

5 Date of birth

6 Organisation name (if applicable)

7 Business or residential address

8 Address for correspondence

(If the same as business or residential address, write 'AS ABOVE')

POSTCODE

9 Telephone numbers

	COUNTRY CODE	AREA CODE	NUMBER
Office hours	()	()	
Mobile/cell			

10 Names of **other persons** 16 years of age or older who are appointing the same authorised recipient in relation to the same matter

1. Family name
Given names

2. Family name
Given names

3. Family name
Given names

If there are more than 3 other persons, give details at Question 28

11 Have you appointed a migration agent or exempt person to provide you with immigration assistance?

No ☐

Yes ☐ Give details of the migration agent/exempt person

Family name

Given names

If applicable:

Migration Agent Registration
Number (MARN)

Offshore Agent ID Number

Note: Your migration agent/exempt person should complete form 956
Advice by a migration agent/exempt person of providing immigration
assistance

Appointment details

- 12** Are you appointing an authorised recipient in relation to an application process, a cancellation process or another matter (eg. a sponsorship monitoring and sanction activity by the department, or only one stage of a two stage visa application, or ministerial intervention)?

☐ **Application** process

Type of application

Date lodged

DAY	MONTH	YEAR
/	/	

Not yet lodged ☐

☐ **Cancellation** process

Subclass of visa

Date visa granted

DAY	MONTH	YEAR
/	/	

☐ **Another matter** – give details

If insufficient space, give details at Question 31

- 13** Provide the DIBP ID number (if known) attached to the matter listed in Question 12 in relation to which you are appointing an authorised recipient

DIBP Request ID number (RID)

DIBP Transaction Reference Number (TRN)

- 14** Do you want the authorised recipient to receive health and character information about you or other persons listed in Question 10 that may arise, or be revealed in the course of this matter?

No ☐ These documents will be sent directly to you

Yes ☐

Authorised recipient's details

- 15** Full name

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Family name

Given names

- 16** Date of birth

DAY	MONTH	YEAR
/	/	

- 17** Business or residential address

POSTCODE

- 18** Address for correspondence

(If the same as business or residential address, write 'AS ABOVE')

POSTCODE

- 19** Telephone numbers

Office hours

COUNTRY CODE	AREA CODE	NUMBER
()	()	

Mobile/cell

- 20** Does this person agree to the department communicating with them by fax, email or other electronic means?

No ☐ **Go to Part C**

Yes ☐ Give details

Fax number

COUNTRY CODE	AREA CODE	NUMBER
()	()	

Email address

Go to Part C

Part B – Withdrawing an appointment

21 Your details

Full name *(For an organisation, provide the name of the contact person)*

Family name

Given names

Date of birth

DAY	MONTH	YEAR
/	/	

Organisation name *(if applicable)*

Telephone numbers

Office hours

COUNTRY CODE	AREA CODE	NUMBER
()	()	

Mobile/cell

DIBP Client ID number (CID) *(if known)*

22 Names of **other persons** 16 years of age or older who are withdrawing the appointment of the same authorised recipient in relation to the same matter

1. Family name

Given names

2. Family name

Given names

3. Family name

Given names

Your contact details

23 Business or residential address

POSTCODE

Telephone number

Office hours

COUNTRY CODE	AREA CODE	NUMBER
()	()	

24 Address for correspondence

(If the same as business or residential address, write 'AS ABOVE')

POSTCODE

25 Do you agree to the department communicating with you by fax, email or other electronic means?

No ☐

Yes ☐ Give details

Fax number

COUNTRY CODE	AREA CODE	NUMBER
()	()	

Email address

26 Authorised recipient's details

Full name

Family name

Given names

27 Are you withdrawing the appointment of an authorised recipient in relation to an application process, a cancellation process or another matter (eg. sponsorship monitoring and sanction activity by the department, or only one stage of a two stage visa application, or ministerial intervention)?

☐ **Application process**

Type of application

Date lodged

DAY	MONTH	YEAR
/	/	

☐ **Cancellation process**

Subclass of visa

Date visa granted

DAY	MONTH	YEAR
/	/	

☐ **Another matter** – give details

If insufficient space, give details at Question 31

28 Provide the DIBP ID number (if known) attached to the matter in relation to which you are withdrawing your appointment of the authorised recipient

DIBP Request ID number (RID)

DIBP Transaction Reference Number (TRN)

Part C – Declarations

Authorised recipient declaration

29 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 20 (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

DAY	MONTH	YEAR
/	/	

Your declaration

30 Tick one only

☐ **Appointment**

I declare that I have appointed the authorised recipient named in Question 15 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 26 of this form is no longer authorised to receive documents relating to the matter indicated in Question 27 on my behalf.

I understand that future correspondence from the department will be sent to the last address that I have provided in Question 23, 24 or 25.

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



Date

DAY	MONTH	YEAR
/	/	

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



Date

DAY	MONTH	YEAR
/	/	

Signature



Date

DAY	MONTH	YEAR
/	/	

Signature



Date

DAY	MONTH	YEAR
/	/	

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

Additional details

31	Question number	Additional information
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[illegible]