Australian Government
Department of Immigration
and Border Protection

Appointment or withdrawal of an authorised recipient

Please fill out this form following the prompts!

1 Are you using this form to notify the department that you are:
   appointing an ✓ Complete Part A and Part C
   withdrawing the ✓ Complete Part B and Part C

Part A – New appointment
Your details

2 Are you a:
   ✓ visa applicant
   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)

write N/A here

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 [ ]/[ ]/[ ] (day first)

6 Organisation name (if applicable)
   N/A

7 Business or residential address
   (your permanent address)

8 Address for correspondence
   (If the same as business or residential address, write AS ABOVE)
   As above

9 Telephone numbers
   Office hours ( ) ( )
   Mobile/cell 00111

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 30

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 (e.g., 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
Temporary Activity visa (subclass 408)

Date lodged:  / / Not yet lodged

☐ Cancellation process

Subclass of visa

Date visa granted:  / /

☐ Another matter – give details

If insufficient space, give details at Question 30

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) unknown

DIBP Transaction Reference Number (TRN)

Authorised recipient’s details

14 Full name

Title: Mr [☑] Mrs [☐] Miss [☐] Ms [☐] Other [☐]

Family name Connellan

Given names Mark Anthony

15 Date of birth 29-Jun-1956

16 Business or residential address

Boston University Sydney Programs
15-25 Regent Street
Chippendale NSW 2008

17 Address for correspondence

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

As above

18 Telephone numbers

Country Code:  AREA CODE:  NUMBER:  (61 2) 8396 7398

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

Yes [☑] Give details

Fax number: Country Code:  AREA CODE:  NUMBER:  (61 2) 8396 7398

Email address: busydney@bu.edu

Go to Part C

Fill in questions 14-19 exactly as shown!
Part B – Withdrawing an appointment

20 Your details
Full name (For an organisation, provide the name of the contact person)
Family name
Given names
Date of birth
Organisation name (if applicable)
Telephone numbers
Office hours
Mobile/cell
DIBP Client ID number (CID) (if known)

21 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

22 Business or residential address

Telephone number

Office hours

23 Address for correspondence
   (of the same as business or residential address, write 'AS ABOVE')

24 Do you agree to the department communicating with you by fax, email or other electronic means?
No
Yes

25 Authorised recipient's details
Full name
Family name
Given names

26 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

   Cancellation process
   Subclass of visa

   Date visa granted

   Another matter – give details

   If insufficient space, give details at Question 30

27 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)

Leave this Page blank!
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

☐ sign here

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 1442 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 1442 Privacy notice.

Your signature

☐ sign here

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

☐

Date

Signature

☐

Date

Signature

☐

Date

We strongly advise that you keep a copy of this form for your records.
Leave this page blank, but include it!