THIS IS A SAMPLE DOCUMENT.

Appointment or withdrawal of an authorised recipient

956A

Australian Government
Department of Immigration
and Citizenship



= Answers we can help you with.

	Please use a pen, and write neatly in English using BLOCK LETTERS. Tick where applicable	8	Address for correspondence (If the <u>same</u> as business or residential address, write 'AS ABOVE')
1	Are you using this form to notify the department that you are:		as above
	appointing an Complete Part A and Part C authorised recipient You do not need to complete Part B		POSTCODE
	withdrawing the appointment of an authorised recipient Complete Part B and Part C You do not need to complete Part A	9	Telephone numbers Office hours Office hours
	Part A – New appointment		Mobile/cell
	Your details	10	Names of other persons 16 years of age or older who are appointing the same authorised recipient in relation to the same matter
2	Are you a: visa applicant (tick one only) sponsor or sponsor applicant		1. Family name Write
	nominator or nominator applicant proposer or proposer applicant		Given names
	visa holder whose visa is being considered for cancellation or has been cancelled		2. Family name Given names
	person requesting ministerial intervention		Mer e.
3	Do you have a DIAC Client ID number (CID)?		Family name Given names
	No Write N/A here. Yes DIAC Client ID		If there are more than 3 other persons, give details at Question 28
	number (CID)	11	Have you appointed a migration agent or exempt person to provide you
4	Full name (For an organisation, provide the name of the contact person)		with immigration assistance?
	Title: Mr Mrs Miss Ms Other		No Write N/A here.
	Family name (your last name)		Yes Give details of the migration agent/exempt person
	Given names (your first and middle names)		Family name
5	Date of birth Day MONTH YEAR Note that the Day comes first	-1-	Given names If applicable: 7 DIGITS
6	Organisation name (if applicable)	st.	Migration Agent Registration : : : : : : : : : : : : : : : : : : :
	N/A		Offshore Agent ID Number
_			Note : Your migration agent/exempt person should complete form 956 Advice by a migration agent/exempt person of providing immigration
7	Business or residential address		assistance
	(your permanent address)		
	POSTCODE		

Appointment details

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

V	Application process		
	Type of application		
	416B Special Program Visa - "Youth from USA"		
	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 28

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

DIAC Request ID number (RID)	unknown
DIAC 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

	1			
15	Full name			
	Title: Mr Mrs Miss Ms Other			
	Family name Hartevelt			
	Given names Caroline Christina			
16	Date of birth 29-Aug-1980 enter dates digits			
	algris			
17	Business or residential address			
	Boston University Sydney Program			
15-25 Regent Street				
	Chippendale POSTCODE NSW 2008			
18	Address for correspondence			
(If the same as business or residential address, write 'AS ABOVE')				
	as above			
	POSTCODE			
19	Talanhana numbara			
19	Telephone numbers COUNTRY CODE AREA CODE NUMBER			
	Office hours () (61) 2-8396-7300			
	Mobile/cell			
	WOODING COIL			
20	Does this person agree to the department communicating with			
	them by fax, e-mail or other electronic means?			
	No Go to Part C			
	Yes Give details			
	Fax number () 61) 2-8396-7398			
	E-mail address chartevelt@iinet.net.au			
	chartevent@imet.fiet.au			
	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 Day MONTH YEAR Date of birth	Are you withdrawing the appointment of 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
	Organisation name (if applicable)	DAY MONTH YEAR
		Date lodged Date lodged
	Telephone numbers COUNTRY CODE AREA CODE NUMBER Office hours () ()	Cancellation process Subclass of visa
	Mobile/cell	
	DIAC Client ID number (CID) (if known)	Date visa granted DAY MONTH YEAR
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	Another matter – give details
	1. Family name Given names	
	2. Family name Given names	
	3. Family name Given names	
		If insufficient space, give details at Question 28
23	Authorised recipient's details Full name	25 Provide the DIAC ID number (if known) attached to the matter in relation to which you are withdrawing your appointment of the
	Family name	authorised recipient
	Given games	DIAC Request ID number (RID) DIAC Transaction Reference
	Address for correspondence	Number (TRN)
	PASTCODE	Skip to part C.

Part C - Declarations

Authorised recipient declaration

26 Tick one only



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.



Your declaration

27 Tick one only



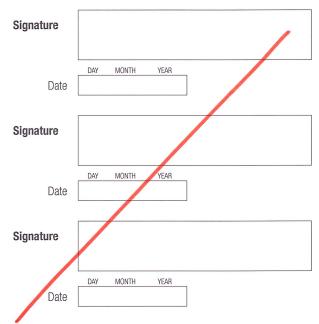
I declare that I have appointed the authorised recipient named in Question 15 of this form to receive all documents relating to the matter indicated in Question 12 on my behalf.

Withdrawal of appointment

I declare that the authorised recipient named in Question 23 of this form is no longer authorised to receive documents relating to the matter indicated in Question 24 on my behalf.



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



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