



Australian Government
Department of Immigration
and Citizenship

SAMPLE FORM

Appointment or withdrawal of an authorised recipient

Form
956A

Please fill out this form
following the prompts.

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

Tick where applicable ☒

- 1 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 ☐

Complete Part B and Part C
You do not need to complete Part A

Part A – New appointment

Your details

- 2 Are you a: (tick one only)
- 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 DIAC Client ID number (CID)?

No ☐ write N/A here.

Yes ☐ DIAC 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 (your last name)

Given names (your first and middle names)

- 5 Date of birth

DAY MONTH YEAR

← enter date
day first

- 6 Organisation name (if applicable)

N/A

- 7 Business or residential address

(your permanent address)

POSTCODE

- 8 Address for correspondence

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

As above

POSTCODE

- 9 Telephone numbers

COUNTRY CODE AREA CODE NUMBER

Office hours

(00111) ()

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

write

2. Family name

Given names

N/A

3. Family name

Given names

here.

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)

7 DIGITS

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
 Special program visa (subclass 416)
 DAY MONTH YEAR
 Date lodged 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)
 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

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
 COUNTRY CODE AREA CODE NUMBER
 Office hours () (61) 2-8396-7300
 Mobile/cell

- 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

COUNTRY CODE AREA CODE NUMBER
 Fax number () (61) 2-8396-7398
 E-mail address

Go to Part C

Fill in questions
 15-20 exactly
 as shown.

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

Organisation name *(if applicable)*

Telephone numbers

Office hours

Mobile/cell

DIAC 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

23 Authorised recipient's details

Full name

Family name

Given names

Address for correspondence

24 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

Date lodged

☐ Cancellation process

Subclass of visa

Date visa granted

☐ Another matter – give details

If insufficient space, give details at Question 28

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

DIAC Request ID number (RID)

DIAC Transaction Reference Number (TRN)

Leave this page
BLANK.

Part C – Declarations

Authorised recipient declaration

26 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

X DO NOT

DAY MONTH YEAR

SIGN HERE

Your declaration

27 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 23 of this form is no longer authorised to receive documents relating to the matter indicated in Question 24 on my behalf.

Your signature

Sign here

Date

DAY MONTH YEAR

← and 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

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.

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[illegible]