



Australian Government

Department of Immigration and Border Protection

# 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  
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 DIBP Client ID number (CID)?
- No  Yes  **write N/A here**
- 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

fill out

- 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
2. Family name
- Given names
3. Family name
- Given names
- Write N/A here.**

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 (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)

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)

DIBP Transaction Reference Number (TRN)

## Authorised recipient's details

- 14** Full name

Title: Mr  Mrs  Miss  Ms  Other

Family name

Given names

- 15** Date of birth

/  /   
29 / Jun / 1956

- 16** Business or residential address

Boston University Sydney Programs

15-25 Regent Street

Chippendale, NSW POSTCODE 2008

- 17** Address for correspondence

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

As Above

POSTCODE

- 18** Telephone numbers

Office hours  (  ) (  ) 2 - 8396 - 7300

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  (  ) (  ) 2 - 8396 - 7398

Email address

**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

(If 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  Give details

Fax number  (  ) (  )

Email address

### 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

X DO NOT SIGN

Date

DAY MONTH YEAR  
/ /

### 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

Sign here

Date

DAY MONTH YEAR  
/ /

← and date (day first)

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*

30

Question number

Additional information

Leave this page  
blank, but include  
it.