



Advice by a migration agent/exempt person of providing immigration assistance

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

Tick where applicable

1 Are you notifying the department that you have been appointed to provide immigration assistance, or that your appointment has ended?

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

Appointment has ended **Complete Part B and Part C**
You do not need to complete Part A.

Part A – New appointment Migration agent/exempt person's details

2 Migration agent/exempt person's details

Title: Mr Mrs Miss Ms Other

Family name

Given names

Exempt person's date of birth

DAY	MONTH	YEAR
/	/	/

3 Organisation name (if applicable)

Australian Immigration and Trade Services Ltd

4 Business or residential address

AITS
Postfach 457
Interlaken Switzerland POSTCODE 3800

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

As above

6 Telephone numbers

Office hours

COUNTRY CODE	AREA CODE	NUMBER
(+41)	(33)	8260026

Mobile/cell

7 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
(+41)	(33)	8260027

Email address

8 In what capacity are you providing assistance?

Registered migration agent **Go to Question 9**
IAAAS

Non-registered migration agent outside Australia **Go to Question 11**

Exempt person **Go to Question 12**

9 Migration Agent Registration Number (MARN)

7 DIGITS
0 : 3 1 : 8 : 5 : 7 : 2

10 Is there another registered migration agent from your organisation who the department may discuss this case with if you are unavailable?

No **Go to Question 13**

Yes Give details of the other agent

Family name

Given names

Telephone numbers

Office hours

COUNTRY CODE	AREA CODE	NUMBER
(+41)	(33)	8260026

Mobile/cell

Migration Agent Registration Number (MARN)

7 DIGITS
9 : 7 9 : 1 : 6 : 1 : 3

Go to Question 13

11 Offshore Agent ID Number
(if allocated by the department)

Go to Question 13

12 Reason you are exempt from registration

Close family member (spouse, child, parent, brother or sister)

Sponsor

Nominator

Member of a diplomatic mission, consular post or international organisation

Member of parliament or their staff

An official whose duties include providing immigration assistance

Client's details

- 13** The person receiving immigration assistance (ie. the client) is 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

14 Client 1 PLEASE COMPLETE

Full name *(If the client is an organisation, provide the name of the contact person)*

Family name

Given names

Date of birth

Organisation name *(if applicable)*

Business or residential address

 POSTCODE

Telephone numbers

Office hours

Mobile/cell

DIBP Client ID number *(if known)*

- 15** Names of **other clients** you are providing immigration assistance to in relation to the same matter (eg. dependant applicants)

1. Family name

Given names

2. Family name

Given names

3. Family name

Given names

4. Family name

Given names

5. Family name

Given names

Type of assistance

- 16** Are you providing assistance with an application process, a cancellation process or specific matter? *(tick one only)*

Application process

Type of application

Date lodged

Not yet lodged

Cancellation process

Subclass of visa

Date visa granted

- Specific matter** – give details (eg. sponsorship monitoring and sanction activity by the department, or for only one stage of a two stage visa, ministerial intervention)

- 17** Provide **at least one** of the following numbers *(if known)*

DIBP Request ID number (RID)

DIBP Transaction Reference Number (TRN)

Authorised recipient

- 18** Have you been authorised to receive written communication on behalf of your client(s) in relation to the matter indicated in Question 16?

No **Go to Part C**

Yes

- 19** Have you been authorised to receive health and character information about the client(s) you are providing assistance to, their spouse, de facto partner or dependants, that may arise, or be revealed in the course of this matter?

No **Go to Part C**

Yes

Part B – Ending appointment

20 Migration agent/exempt person's details

Family name

Given names

Organisation name (if applicable)

Telephone numbers

Office hours

COUNTRY CODE	AREA CODE	NUMBER
()	()	

Mobile/cell

If applicable:

Migration Agent Registration Number (MARN)

7 DIGITS						
:	:	:	:	:	:	:

Offshore Agent ID Number

21 Client's details

Full name (If the client is an organisation, provide the name of the contact person)

Family name

Given names

Date of birth

DAY	MONTH	YEAR
/	/	

Organisation name (if applicable)

22 Provide at least one of the following numbers

DIBP Request ID number (RID)

DIBP Transaction Reference Number (TRN)

Part C – Declarations

Declaration by migration agent/exempt person

23 Tick one only

Appointment – I declare that I have been appointed by the client named in Part A of this form as a migration agent/exempt person and that I will act on the client's behalf as permitted by law.

Ending appointment – I declare that I am no longer acting on behalf of the client named in Part B and I have advised the client accordingly.

Signature of migration agent/exempt person

Date

DAY	MONTH	YEAR
/	/	

Declaration by client

24 Tick one only **PLEASE SIGN**

Appointment – I declare that I have appointed the migration agent/exempt person named in Part A of this form to provide assistance with matters as indicated on this form.

Ending appointment – I declare that the migration agent/exempt person named in Part B is no longer acting on my behalf.

Signature of client

Date

DAY	MONTH	YEAR
/	/	