





# Authorisation of person to act and receive communication

# 956

## Authorisation by applicant/sponsor

I, (Family name)

(Given names)

of

POSTCODE

*authorise the following person to act on my behalf in relation to my application/sponsorship in dealings with the Department of Immigration and Multicultural Affairs (DIMA). This includes authorising DIMA to send that person any communication, documents or notifications relating to my application/sponsorship that would otherwise have been sent to me.*

### Details of authorised person

Title: Mr  Mrs  Miss  Ms  Other

Family name

Given names

### Authorised person's address

POSTCODE

Telephone number

COUNTRY CODE AREA CODE NUMBER

( ) ( )

Migration Agent Registration Number (if applicable)

**Applicant's signature**

Date

DAY MONTH YEAR

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## Consent by authorised person

As the authorised person named on this form, do you agree to DIMA communicating with you by facsimile, e-mail, or other electronic means?

No

Yes  Give details

Facsimile number

COUNTRY CODE AREA CODE NUMBER

( ) ( )

E-mail address

### Authorised person's signature

Date

DAY MONTH YEAR

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