The Travel Visa Company

Your Dedicated, Worldwide Travel Visa Agency

REFERRED BY

i.e. Travel Agent / Tour Operator / Cruise Line / Search Engine / Repeat Customer / Friend / Other

You **MUST** return this front page with your application.

RETURN ADDRESS

The Travel Visa Company Ltd.
First Floor Unit 10
Alvaston Business Park
Middlewich Road
Nantwich, Cheshire
CW5 6PF

SUPPORT

If you have any queries or would like additional assistance when completing your application, please contact us and one of our team would be happy to assist.

Telephone: **01270 904 907** | Email: **applications@thetravelvisacompany.co.uk**

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Australia Subclass 400 Application Pack

Thank you for requesting an application pack for an Australia Subclass 400 Visa.

Please complete the following three sections and then return the application pack and all supporting documents to The Travel Visa Company Ltd.

1. **Checklist of the documents required**
2. **Service and delivery options**
3. **Address and payment details**

PLEASE NOTE

To be eligible for a Subclass 400, you must have a highly specialised skill, knowledge or experience that can help Australian business and cannot reasonably be found in Australia.

If the visa is issued, the holder is then only permitted to work on activities for which the visa was granted.

Subclass 400 visas are generally issued for stays of up to 3 months. The Australian authorities will, in certain circumstances, grant visas for stays up to 6 months if a strong business case is made.

Please note, as part of this process you may be requested to provide an ACRO Police Certificate.

1. Checklist of the documents required

✓ Please tick to confirm you have provided the following:

☐ **AUSTRALIA SUBCLASS 400 APPLICATION FORM** – Please find attached. It is important to carefully read through all the questions and fully complete all forms in **BLOCK CAPITALS** with a **BLACK PEN**. All application forms **MUST** be printed single-sided. Application forms printed double-sided **WILL NOT** be accepted.

☐ **SIGNED 956a APPOINTMENT OF AN AUTHORISED RECIPIENT FORM** – Please find attached at the back of this application form. We have completed some parts of the form for you; please ensure you complete all other sections that are relevant to you.

☐ **COPY OF PASSPORT** – Please include a copy of the photograph page of your passport. Your passport must be valid for at least the entire duration of your proposed stay in Australia.

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- [ ] **LETTER OF INVITATION** - Please provide a letter of invitation, job offer letter, employment contract or other documentation from an Australian organisation confirming your purpose of travel and that you have been contracted to carry out specific, specialised work in Australia.

- [ ] **BANK STATEMENTS** - Please provide your 3 most recent bank statements showing sufficient funds to support yourself in Australia.

- [ ] **RELEVANT QUALIFICATIONS** - Please provide copies of any qualification that is relevant to the work you will be undertaking.

- [ ] **UK EMPLOYMENT LETTER** - Please provide a letter from your UK employer detailing your role, duties, and responsibilities.

- [ ] **PROOF OF NAME CHANGE** – **IF** you have ever changed your name, including through marriage, you MUST provide proof of name change. In the case of marriage, this would be a copy of your marriage certificate.

Failure to provide us with these documents will result in delays with your application.

2. Service and delivery options

✓ Please tick to confirm which service and delivery type you are requesting:

	Service Type	Processing Time	Embassy Fee	Service Fee	VAT	Total
☐	Standard	15 days*	£285.00	£158.29	£31.66	**£474.95**
☐	Priority	5 days*	£285.00	£245.79	£49.16	**£579.95**

*Working days/hours excluding postal days.

PLEASE NOTE

The processing time above refers only to The Travel Visa Company's processing time. Once we have submitted your application, the Australian Immigration Department will process your application. Most applications are processed within several days; however, processing times can be longer depending on the circumstances of the application.

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	Delivery Type	Price
☐	Email Confirmation	-
☐	Provide Pre-Paid Envelope*	-
☐	Posted Confirmation	£5.00
☐	Collect from TVC Office	-

DATE OF TRAVEL

..... DD/MM/YYYY

LENGTH OF STAY

..... Days

*If you provide a pre-paid envelope please ensure it has your return address and the correct postage amount.

3. Address and payment details

Name: .....

Address: .....

.....

.....

Postcode: .....

Telephone: .....

Email: .....

EMAIL MARKETING (not required)

☐ I would like to sign up to the TVC mailing list.

We do not share your data with any third parties. To view our privacy policy, visit:
www.thetravelvisacompany.co.uk/privacy

☐ **Credit/Debit Card**

Name on card:

.....

Card Number:

.....

Expiry Date: ..... CVC: .....

☐ **Paypal** paypal@thetravelvisacompany.co.uk

☐ **Cheque**

☐ **BACS** Reference: .....

Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."

Bank Details: 68032405 / 08-92-50

TERMS & CONDITIONS (required)

☐ I have read, fully understood and agree to the Terms & Conditions and Client Declaration.

www.thetravelvisacompany.co.uk/terms www.thetravelvisacompany.co.uk/declaration

Signed: ..... Date: .....

Please contact us if you would like to receive a printed copy of these documents.

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Applicant Details

Surname:
As shown in passport

Given name(s):
As shown in passport

Gender: ☐ Male ☐ Female
☐ Other

Date of birth: DD/MM/YYYY

Passport type: ☐ Regular ☐ Official ☐ Diplomatic

Passport number:

Issuing country:

Issuing authority:

Issue date: DD/MM/YYYY

Expiry date: DD/MM/YYYY

Place of birth:
Town/City:
State/Province:
Country:

Marital status: ☐ Married ☐ Divorced ☐ Single ☐ Widowed
☐ Other

Have you ever changed your name?
☐ Yes ☐ No

If yes Reason for name change:
☐ Marriage ☐ Deed poll ☐ Other

If other

Previous name:

Are you a citizen of any other country?
☐ Yes ☐ No

If yes Country:

Applicant Details

Do you hold any other passports?
☐ Yes ☐ No

If yes Issuing country:

Passport number:

Issue date: DD/MM/YYYY

Expiry date: DD/MM/YYYY

Do you hold any other identity documents? (Not including driving license)
☐ Yes ☐ No

If yes Issuing country:

Identity document number:

Applicant Contact Details

Phone number:

Email address:

Current address:

Date you moved into this address: DD/MM/YYYY

Previous Travel Details

Have you previously travelled to Australia or applied for a visa for Australia?
☐ Yes ☐ No

If yes Do you have a previous Australian visa grant number?
☐ Yes ☐ No

If yes Previous visa grant number:
If unknown, please indicate

If you need additional help with this application form, please email:
applications@thetravelvisacompany.co.uk

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Previous Travel Details

Have you travelled to Australia on any passports other than the one you are applying with now?

☐ Yes ☐ No

If yes

Name on passport:

Country of passport:

Place of issue/issuing authority

Date of issue:

Date of expiry:

Travel Details

Proposed date of entry into Australia: DD/MM/YYYY

Proposed date of exit from Australia: DD/MM/YYYY

Do you intend to enter Australia on more than one occasion to undertake the work?

☐ Yes ☐ No

If yes

Please provide detail, including reason why you will need to make more than one entry and proposed travel dates for additional entries.

Travel Details

Will you be undertaking highly specialised non-ongoing work in Australia?

☐ Yes ☐ No

If yes

Give details of the organisation for whom you will undertake the work in Australia:

Organisation registered name:

Trading name:

Please select which industry you will be working:

- ☐ Agriculture, forestry and fishing
- ☐ Mining
- ☐ Manufacturing
- ☐ Electricity, gas, water and waste services
- ☐ Construction
- ☐ Wholesale trade
- ☐ Accommodation and food services
- ☐ Transport postal and warehousing
- ☐ Information media and telecommunications
- ☐ Financial and insurance services
- ☐ Rental, hiring and real estate services
- ☐ Professional, scientific and technical
- ☐ Administrative and support services
- ☐ Public administration and safety
- ☐ Education and training
- ☐ Health care and social assistance
- ☐ Arts and recreation services
- ☐ Other

Organisation's registration number:

Organisation's address:

Is the above company address the address your work will be undertaken?

☐ Yes ☐ No

If no

Address you will be working:

Travel Details

Continued...

If yes

Period of work:

Date from: DD/MM/YYYY

Date to: DD/MM/YYYY

Contact person at organisation:

Name:

Position:

Phone number:

Email address:

Please give details of any qualifications, skills or experiences that are relevant to your proposed work in Australia:

Funding Details

Will you receive payment for undertaking the work activity in Australia?

☐ Yes ☐ No

If yes

Who will pay you?

☐ Current employer

☐ Organisation in Australia to which you will provide services

Please give details of how you will fund your stay in Australia:

Employment Details

Employment status:

☐ Employed ☐ Unemployed ☐ Self-employed

☐ Student ☐ Retired

If employed

Occupation:

Start date: DD/MM/YYYY

Employer name:

Trading name: If different to above

Employer website:

Employer address:

Employer business registration type:

Employer business registration ID/Number:

Please provide contact details of a contact person in the business who could be contacted with enquiries regarding this application if needed:

Name:

Position:

Phone number:

Email address:

Tel: +44 (0) 1270 904 907
applications@thetravelvisacompany.co.uk
www.thetravelvisacompany.co.uk

Education Details

Will you be undertaking any formal studies or training whilst in Australia?

☐ Yes ☐ No

If yes Course of study:

Are you currently, or have you ever been, an AusAID subsidised student?

☐ Yes ☐ No

Health Declarations

In the last five years, have you visited or lived in a country other than the country of your passport for more than three consecutive months? Do not include time spent in Australia.

☐ Yes ☐ No

If yes Country:

Date from: DD/MM/YYYY

Date to: DD/MM/YYYY

Do you intend to enter a hospital or health care facility (including a nursing home) while in Australia?

☐ Yes ☐ No

Do you intend to work as, or study or train to be, a health care worker or work within a health care facility while in Australia?

☐ Yes ☐ No

Do you intend to work, study or train within aged care or disability care while in Australia?

☐ Yes ☐ No

Do you intend to work or be a trainee at a child care centre disability care while in Australia?

☐ Yes ☐ No

Do you intend to be in a classroom situation for more than 3 months, as either a student, teacher, lecturer or observer?

☐ Yes ☐ No

Do you have, have you ever had, or been in close contact with tuberculosis?

☐ Yes ☐ No

Health Declarations

During your stay in Australia, do you expect to incur medical costs, or require treatment or medical follow up for blood disorder, cancer, heart disease, hepatitis B or C and/or liver disease, HIV infection, kidney disease, mental illness, pregnancy or respiratory disease?

☐ Yes ☐ No

Do you require ongoing medical care or need special equipment, assistive technology or assistance from others for daily living?

☐ Yes ☐ No

If you have answered yes to any of the above **Health Declaration** questions, you **must** provide further detail:

INSTITUTE OF Travel & Tourism

Character Declarations

Have you ever been excluded from or asked to leave any country? (including Australia)

☐ Yes ☐ No

Have you ever been charged with, or indicted for: genocide, war crimes, crimes against humanity, torture, slavery, or any other crime that is otherwise of a serious international concern?

☐ Yes ☐ No

Have you ever been directly or indirectly involved in, or associated with, activities which would represent a risk to national security in Australia or any other country?

☐ Yes ☐ No

Do you have any outstanding debts to the Australia Government

☐ Yes ☐ No

Have you ever been involved in the illegal movement of people to any country?

☐ Yes ☐ No

Have you ever served in a military force, police force, state sponsored / private militia or intelligence agency (including secret police)?

☐ Yes ☐ No

If you have answered yes to any of the above **Character Declaration** questions, you **must** provide further detail:

Please provide as much detail as possible, including dates, locations and resulting sentences where appropriate.

Applicant Declatations

I, the applicant, declare that:

I have read and understood the information provided to me in this application:

☐ Yes ☐ No

I have provided complete and correct information in every detail on this form, and any attachments to it.

☐ Yes ☐ No

I understand that if any fraudulent documents or false/ misleading information has been provided in this application, or if I fail to satisy the Minister of their identity, the application may be refused and I, and any member of my family unit, may become ineligible for a visa for a specified period of time.

☐ Yes ☐ No

I understand that if documents are found to be fraudlent or information to be incorrect after the grant of the visa, the visa may subsequently be cancelled.

☐ Yes ☐ No

I understand that if this application is approved, any person not included in this application will not have automatic right of entry into Australia.

☐ Yes ☐ No

I will inform the Department in writing immediately as I become aware of a change in circumstances (including change of address) or if there is any change relating to information I have provided in or with this application while it is being considered.

☐ Yes ☐ No

I have read the information contained in the Privacy Notice (Form 1442i).

☐ Yes ☐ No

I understand that the department may collect, use and disclose the applicant's personal information (including biometric information and other sensitive information) as outlined in the Privacy Notice (Form 1442i).

☐ Yes ☐ No

I give consent to the collection of their fingerprints and facial image if required.

☐ Yes ☐ No

I understand that, if required to provide my fingerpints and facial image, the information held by the Department may be given to Australian law enforcement agencies to help identify the applicant and determine eligibility for grant of the visa being applied for, and for law enforcement purposes.

☐ Yes ☐ No

Applicant Declatations

I, the applicant, declare that:

I give consent to the Department using my biometric, biographical and criminal record information obtained for the purpose of the Migration Act 1958 or the Citizenship Act 2007.

☐ Yes ☐ No

I understand that if my visa ceases to be in effect and I do not hold another visa to remain in Australia at that time, I will be an unlawful non-citizen under the Migration Act 1958. As such, I will be expected to depart from Australia, and be subject to removal under the Migration Act 1958.

☐ Yes ☐ No

Additional writing space if required:

Additional writing space if required:

Please tick to confirm your application details:

☐ I, the applicant, hereby certify that I have read, or have had read to me, all the questions and statements on this application and understand all the questions and statements on this application. The answers and information furnished in this application are true and correct to the best of my knowledge and belief.

Print name (BLOCK CAPITALS): .....

Date: ..... DD/MM/YYYY

If you need additional help with this application form, please email:
applications@thetravelvisacompany.co.uk

INSTITUTE OF Travel & Tourism

Australian Government

Department of Home Affairs

Appointment or withdrawal of an authorised recipient

Form

956A

Who should use this form?

This form should be used to notify the Department of Home Affairs (the Department) that you are:

- **appointing** an authorised recipient to receive documents that the Department would otherwise have sent to you; or
- **withdrawing the appointment** of your authorised recipient.

Return the completed form to the office where you lodged your application or for any other matter (eg. proposed visa cancellation), to the office of the Department that is responsible for that matter. If you are unsure which office is responsible for your matter, this form may be submitted to the nearest office of the Department.

Do not use this form if:

- you are **appointing a registered migration agent, Australian legal practitioner or exempt person** to provide you with immigration assistance and they will also be your authorised recipient.

In this case the registered migration agent, Australian legal practitioner or exempt person should complete form 956 *Appointment of a registered migration agent, legal practitioner or exempt person*.

Who is an exempt person?

The following people do not have to be registered as migration agents or be an Australian legal practitioner in order to provide immigration assistance:

- a close family member (spouse, child, adopted child, parent, brother or sister);
- a sponsor or nominator of a visa applicant;
- a member of parliament or their staff;
- an official whose duties include providing immigration assistance;
- a member of a diplomatic mission, consular post or international organisation.

An exempt person must not charge a fee for their service. It is an offence for an exempt person to charge a fee for providing immigration assistance and penalties of up to 10 years jail can apply.

Australian legal practitioner

Australian legal practitioner means a lawyer who holds a practising certificate (whether restricted or unrestricted) granted under a law of a State or Territory.

Authorised recipient

An authorised recipient is a person appointed to receive documents from the Department relating to matters arising under the *Migration Act 1958* (the Act) or the Migration Regulations 1994 on behalf of another person.

The most common times an authorised recipient would be appointed is during visa application processes, visa cancellation processes, sponsorship processes (including monitoring or sanctions) or ministerial intervention requests.

The Department cannot discuss matters relating to you with the authorised recipient unless they are also acting on your behalf as your registered migration agent, Australian legal practitioner or exempt person, or you have separately provided the Department with consent to disclose your personal information to them.

You may only appoint one authorised recipient at any time for a particular application or matter. The Department will send documents to the most recently appointed authorised recipient.

The Department is required under the Act to send your authorised recipient any documents relating to your matter (eg. visa application or cancellation of a visa), that would otherwise have been sent to you. Under most circumstances, you will not receive a separate copy of the documents. You are taken to have received any documents sent to your authorised recipients as if they had been sent to you.

You should be aware that the documents sent to your authorised recipient might include sensitive information about matters such as your health and character.

If you change your authorised recipient or end their appointment you must promptly advise the Department. You may use this form for that purpose.

Dependent applicants

All persons listed on this form will be considered to have appointed the same authorised recipient.

If a person 16 years of age or older wants to appoint a different authorised recipient they should complete a separate form 956A.

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Consent to communicate electronically

The Department may use a range of means to send documents to your authorised recipient. However, electronic means such as fax or email will only be used if your authorised recipient indicates their agreement to receiving documents on your behalf in this way.

To process your matter with the Department (such as visa application or visa cancellation action), the Department may need to communicate with you about sensitive information, for example, health, police checks, financial viability and personal relationships. This means the information may be contained in the documents that are sent to your authorised recipient. Electronic communications, unless adequately encrypted, are not secure, and any information about you sent electronically to your authorised recipient may be viewed by others or interfered with. If your authorised recipient agrees to the Department sending your documents to them by electronic means, the details they provide will only be used by the Department for the purpose of sending documents. They will not be added to any mailing list.

The Australian Government accepts no responsibility for the security or integrity of any information sent to the Department over the internet or by other electronic means.

Important information about privacy

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in form 1442i *Privacy notice*. Form 1442i is available from the Department's website **www.homeaffairs.gov.au/allforms/** or offices of the Department. You should ensure that you read and understand form 1442i before completing this form.

Home page	**www.homeaffairs.gov.au**
General enquiry line	Telephone **131 881** during business hours in Australia to speak to an operator (recorded information available outside these hours). If you are outside Australia, please contact your nearest Australian mission.

Please keep these information pages for your reference

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Australian Government

Department of Home Affairs

Appointment or withdrawal of an authorised recipient

Form **956A**

Please open this form using Adobe Acrobat Reader.
Either type (in English) in the fields provided or print this form and complete it (in English) using a pen and BLOCK LETTERS.

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 Home Affairs (HA) Client ID number (CID)?

No ☐

Yes ☐ ▶ HA 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

5 Date of birth DAY MONTH YEAR

6 Organisation name *(if applicable)*

7 Business or residential address

POSTCODE

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

POSTCODE

9 Telephone numbers

	COUNTRY CODE	AREA CODE	NUMBER
Office hours	( )	( )	
Mobile/cell			

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

If there are more than 3 other persons, give details at Question 30

11 Have you appointed a registered migration agent, Australian legal practitioner, or exempt person to provide you with immigration assistance?

No ☐

Yes ☐ ▶ Give details of the registered migration agent, Australian legal practitioner, or exempt person

Family name

Given names

If applicable:

Migration Agent Registration Number (MARN) 7 DIGITS

Note: Your registered migration agent, Australian legal practitioner or exempt person should complete form 956 *Appointment of a registered migration agent, legal practitioner or exempt person*

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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

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 30

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

HA Request ID number (RID)

HA 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 (DAY MONTH YEAR)

16 Business or residential address

The Travel Visa Company Ltd. Unit 2A/B/C, The
Courtyard, Regents Park, London Rd., Nantwich,
Cheshire POSTCODE CW5 6LW

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

As Above

POSTCODE

18 Telephone numbers

	COUNTRY CODE	AREA CODE	NUMBER
Office hours	0044	1270	904 907
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

	COUNTRY CODE	AREA CODE	NUMBER
Fax number			

Email address

▶▶ **Go to Part C**

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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 (DAY MONTH YEAR)

Organisation name *(if applicable)*

Telephone numbers

Office hours (COUNTRY CODE) (AREA CODE) NUMBER

Mobile/cell

HA 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

POSTCODE

Telephone number

Office hours (COUNTRY CODE) (AREA CODE) NUMBER

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

POSTCODE

24 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

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 (DAY MONTH YEAR)

☐ **Cancellation** process

Subclass of visa

Date visa granted (DAY MONTH YEAR)

☐ **Another matter** – give details

If insufficient space, give details at Question 30

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

HA Request ID number (RID)

HA Transaction Reference Number (TRN)

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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

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

Date (DAY MONTH YEAR)

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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Additional details

30

Question number	Additional information