

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**

X



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.

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

DAY MONTH YEAR
Date / /

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

X



DAY MONTH YEAR
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



DAY MONTH YEAR
Date / /

Signature



DAY MONTH YEAR
Date / /

Signature



DAY MONTH YEAR
Date / /

LOCAL DA ASSINATURA

ENVIAR O FORMULÁRIO APENAS
ASSINADO

We strongly advise that you keep a copy of this form for your records.