



Australian Government

Department of Immigration  
and Citizenship

## Survey of Business Skills visa holders

Form

1010

### About this form

Important – Please read this information carefully before you complete your survey. Once you have completed your survey we strongly advise that you keep a copy for your records.

This form should only be completed by people who hold a Business Skills (Provisional) or Business Talent (Migrant) or Business Skills (Residence) visa or Business Skills (Migrant) visa. It should only be completed when you are instructed to do so by the Department of Immigration and Citizenship (the department).

The Australian Government encourages people from overseas with business expertise and a successful business background to come to Australia in order to contribute their expertise to the Australian economy. The Business Skills visa under which you were granted your visa, provides such an avenue.

The Australian Government expects that after a period of time in Australia, people granted a Business Skills (Migrant), Business Talent (Migrant) and Business Skills (Residence) visa, will provide valuable input to the Australian economy by becoming actively involved as owners or part owners at a senior level in business which does one or more of the following:

- develop links with international markets;
- create or maintain employment;
- export Australia's goods and/or services;
- substitute for goods and services currently imported to Australia;
- introduce new or improved technology;
- add to commercial activity and competitiveness in sectors of the Australian economy.

As evidence of your business activities, you are required to provide the department with supporting documents. Examples of evidence that you may provide in support of this monitoring program is available from the department's website [www.immi.gov.au/skilled/](http://www.immi.gov.au/skilled/)

### Options for receiving written communications

You may authorise another person to receive all communications, both written and electronic, about your Business Skills visa (eg. monitoring and, where appropriate, cancellation) from the department. You will be taken to have received any documents sent to that person as if they had been sent to you.

For an explanation of what a migration agent or exempt agent or authorised recipient can do please read the sections below.

To change or end the appointment of your migration agent or exempt agent or authorised recipient you must promptly advise the department in writing. You can do this by using form 956 *Appointment of a migration agent or exempt agent or other authorised recipient*.

### Authorised recipient information

An authorised recipient is someone you appoint to receive written communications about your application with the department.

To appoint a recipient you will need to complete **Part F Options for receiving written communications** and **Part G Authorised recipient details** in this form. The authorised recipient will need to sign at **Part H**.

All written communication about your application will be sent to your authorised recipient, unless you indicate that you wish to have health and/or character information sent directly to you.

The department will communicate with the most recently appointed authorised recipient as you may only appoint one authorised recipient at any time for a particular application.

### Migration agent information

A migration agent is someone who can:

- advise you on the visa that may best suit you;
- tell you the documents you need to submit with your application;
- help you fill in the application and submit it; and
- communicate with the department on your behalf.

If you appoint a migration agent, the department will assume that your migration agent will be your authorised recipient, unless you indicate otherwise.

Your migration agent will be the person with whom the department will discuss your application and from whom it will seek further information when required.

You are not required to use a migration agent. However, if you use a migration agent, the department encourages you to use a registered migration agent. Registered agents are bound by the Migration Agents Code of Conduct, which requires them to act professionally in their clients' lawful best interests.

If you have a migration agent acting on your behalf in relation to your Business Skills visa, you need to complete **Part F Options for receiving written communications** and **Part I Agent details**. The agent will need to sign at **Part J Agent consent**.

Appointing a migration agent to act on your behalf includes authorising the department to:

- discuss your Business Skills visa (eg. monitoring and, where appropriate, cancellation) with the agent and seek further information from them; and
- send your agent written communications about your Business Skills visa (eg. monitoring and, where appropriate, cancellation) that would otherwise have been sent to you.

Continued on the next page ►

## Immigration assistance

A person gives immigration assistance to you if he or she uses, or claims to use, his or her knowledge or experience in migration procedure to assist you with your visa application, request for ministerial intervention, cancellation review application, sponsorship or nomination.

In Australia a person may only lawfully give immigration assistance if he or she is a registered migration agent or is exempt from being registered. Only registered migration agents may receive a fee or reward for providing immigration assistance.

If an unregistered person in Australia, who is not exempt from registration, gives you immigration assistance they are committing a criminal offence and may be prosecuted.

## Migration agents in Australia

Migration agents in Australia must be registered with the Migration Agents Registration Authority (MARA) unless they are exempt from registration.

## Migration agents outside Australia

Migration agents who operate outside Australia do not have to be registered. The department may give some overseas agents an ID number. This number does not mean that they are registered.

**Note:** Some Australian registered migration agents operate overseas.

## Exempt agents

The following people do not have to be a registered migration agent in order to provide immigration assistance, but they must not charge a fee for their service:

- a close family member (spouse, de facto partner, child, parent, brother or sister);
- a sponsor or nominator for this visa application;
- a member of parliament or their staff;
- an official whose duties include providing immigration assistance (eg. a Legal Aid provider);
- a member of a diplomatic mission, consular post or international organisation.

## Partner

'**Partner**' means your spouse or de facto partner (including same-sex partners).

## Further information on migration agents

Information on migration agents, including a list of registered migration agents, is available on the Migration Agents Registration Authority (MARA) website [www.themara.com.au](http://www.themara.com.au)

You can also access information about migration agents on the department's website [www.immi.gov.au](http://www.immi.gov.au)

## Consent to communicate electronically

The department may use a range of means to communicate with you. However, electronic means such as fax or e-mail will only be used if you indicate your agreement to receiving communication in this way.

To process your survey the department may need to communicate with you about sensitive information, for example, your business activities in Australia. Electronic communications, unless adequately encrypted, are not secure and may be viewed by others or interfered with. If you agree to the department communicating with you by electronic means, the details you provide will only be used by the department for the purpose for which you have provided them, unless there is a legal obligation or necessity to use them for another purpose, or you have consented to use for another purpose. 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.

If you authorise another person to receive documents on your behalf and they wish to be contacted electronically, their signature is required on the form to indicate their consent to this form of communication.

## About the information you give

The department is authorised to collect information provided on this form under Section 137 of the *Migration Act 1958*. The information provided will be used by the department in aggregate format to assess whether or not the business skills class visa is meeting the objectives outlined above. It will help the department to identify whether, in an overall sense, the category has been successful. The information will also be used on an individual basis to verify your efforts to engage in business which is a requirement of your visa, to monitor the conduct of migration agents, or for ensuring compliance with the Migration Act.

The information you provide may also be disclosed to other agencies or third party providers which are authorised by law to request specific information relating to business skills, health assessment, health insurance, health services, law enforcement, payment of pensions and benefits, border control, citizenship, education, taxation, review of decisions and regulation of migration agents.

Information form 993i *Safeguarding your personal information*, available from offices of the department, gives details of agencies to which your information might also be disclosed. Form 993i is available from the department's website [www.immi.gov.au/allforms/](http://www.immi.gov.au/allforms/)

The state/territory economic development department that sponsored your visa application is interested in the information you provide in this survey. Your agreement is sought to provide a copy of this completed survey to the sponsoring government agency. Please note that providing this information to your state/territory sponsor will not affect your visa status and state/territory governments respect and are bound by privacy principles.

The department has authority under the *Migration Act 1958* to collect a range of personal identifiers from non-citizens in certain circumstances. For more detailed information you should read information form 1243i *Your personal identifying information*, which is available from the department's website [www.immi.gov.au/allforms/](http://www.immi.gov.au/allforms/)

'Certified copies' of documents mean copies authorised or stamped as being true copies of originals by a person or agency recognised by the law of your country. In Australia, they must be certified by a Justice of the Peace or Commissioner for Declarations or by a person before whom a statutory declaration may be made.

**Please answer all questions as fully and accurately as possible.**

The completed survey form should be returned to the address below. This survey form, along with further information about the monitoring process, can be found under information for business people at [www.immi.gov.au/skilled/](http://www.immi.gov.au/skilled/)

If you wish to contact us directly, please e-mail us at [wa.bss@immi.gov.au](mailto:wa.bss@immi.gov.au)

or write to us at:

Perth Business Skills Processing Centre  
Department of Immigration and Citizenship  
Locked Bag 7  
NORTHBRIDGE WA 6865

Please note that you signed a declaration at the time of visa application, acknowledging that you are required to participate in the monitoring of your business activities, including keeping the department advised of your current address and completing regular surveys. The *Migration Act 1958* provides the power to impose penalties if you provide false information or if you fail to return this form by the due date without a reasonable excuse. At present, the penalty is a fine of AUD1,000 or up to AUD5,000 if you are convicted in court. If fined you will still be required to complete and return your form. Further penalties may apply if your form remains unreturned.

**Thank you for your cooperation. Your time and effort is greatly appreciated.**

*Home page* [www.immi.gov.au](http://www.immi.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*

**This page is intentionally blank**



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

Tick where applicable

## Part A – Your details

### 1 Full name

Family name

Given names

2 Date of birth

3 Do you agree to the department communicating with you by fax, e-mail, or other electronic means?

No

Yes  Give details

Fax number

E-mail address

### 4 Your current residential address in Australia

### 5 Address for correspondence

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

### 6 Your telephone numbers

Office hours

After hours

### 7 Provide the name and residential address for your spouse or de facto partner and each dependant 18 years and over

*(If the address is the same as in Question 4, write 'AS ABOVE')*

Name of spouse or de facto partner

Address

Name of dependant 1

Address

Name of dependant 2

Address

Name of dependant 3

Address

*If there are more than 3 dependants 18 years or over, please attach a separate sheet to this form with further details.*

### 8 Which of the following is the visa that you currently hold?

Subclass 127 or 128 or 129 or 130 or 840 or 841 or 842 or 843

Subclass 131 or 844 or 845 or 846

Subclass 132

Subclass 160 or 161 or 162 or 163 or 164 or 165

Subclass 890 or 891 or 892 or 893

## Part B – Your business situation in Australia

### 9 Which of the following best describes your business situation in Australia? (Tick one box only)

I am currently engaged in business in Australia  **Go to Part C**

I am not currently engaged in business in Australia  **Go to Part D**  
*(You do not need to complete Part C)*

#### Office use only

Arrival date

Visa evidence No.

MPMS No.

# Part C – I am currently engaged in business in Australia

Only complete this section if you **are currently** in business in Australia

## BUSINESS ONE

**10** Registered company/business name

**11** Trading name (write 'AS ABOVE' if same as registered name)

**12** Australian Business Number (if applicable)

**13** Business address

**14** Business telephone numbers

Telephone

Fax number

**15** Business e-mail address/website

E-mail

Website

**16** What type of business is it? (Tick one box only)

|   |  |
|---|--|
| Sole proprietorship <input type="checkbox"/>                | Public company <input type="checkbox"/>  |
| Partnership <input type="checkbox"/>                        | Business trust <input type="checkbox"/>  |
| Proprietary company (incorporated) <input type="checkbox"/> | Family trust <input type="checkbox"/>    |
|   | Other (specify) <input type="checkbox"/> |

## BUSINESS TWO (if applicable)

Registered company/business name

Trading name (write 'AS ABOVE' if same as registered name)

Australian Business Number (if applicable)

Business address

Business telephone numbers

Telephone

Fax number

Business e-mail address/website

E-mail

Website

What type of business is it? (Tick one box only)

|   |  |
|---|--|
| Sole proprietorship <input type="checkbox"/>                | Public company <input type="checkbox"/>  |
| Partnership <input type="checkbox"/>                        | Business trust <input type="checkbox"/>  |
| Proprietary company (incorporated) <input type="checkbox"/> | Family trust <input type="checkbox"/>    |
|   | Other (specify) <input type="checkbox"/> |

**BUSINESS ONE**

**17** What kind of activity is carried out by the business?

- Agriculture, Forestry, Fishing and Hunting
- Mining
- Manufacturing
- Electricity, Gas and Water Supply
- Construction
- Wholesale Trade
- Retail Trade
- Accommodation, Cafes and Restaurants
- Transport and Storage
- Communication Services
- Finance and Insurance
- Property and Business Services
- Government Administration and Defence
- Education
- Health and Community Services
- Cultural and Recreation Services
- Personal and Other Services

**18** How many people are **currently** employed in the business?

|                                       | Family               | Other                |
|---------------------------------------|----------------------|----------------------|
| Full-time (30 hours a week or more)   | <input type="text"/> | <input type="text"/> |
| Part-time (less than 30 hours a week) | <input type="text"/> | <input type="text"/> |

**19** Did you become the owner of:

- A **new** business
- An **existing** business

**20** When did you establish your ownership in the business?

*If you cannot remember the exact date, show month and year*

| DAY                  | MONTH                | YEAR                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**21** How many hours do you usually work each week in the business?

 hours

**22** What percentage of the business is owned by you?

*(or you and your immediate family)*

 %

**23** What is the value of assets transferred to Australia for each of the following since you migrated?

|  |                          |
|--|--------------------------|
| Funds  | <input type="text"/> AUD |
| Personal effects   | <input type="text"/> AUD |
| Business capital equipment ( <i>include machinery, equipment, copyrights, trademarks and patents</i> ) | <input type="text"/> AUD |

**BUSINESS TWO** (if applicable)

What kind of activity is carried out by the business?

- Agriculture, Forestry, Fishing and Hunting
- Mining
- Manufacturing
- Electricity, Gas and Water Supply
- Construction
- Wholesale Trade
- Retail Trade
- Accommodation, Cafes and Restaurants
- Transport and Storage
- Communication Services
- Finance and Insurance
- Property and Business Services
- Government Administration and Defence
- Education
- Health and Community Services
- Cultural and Recreation Services
- Personal and Other Services

How many people are **currently** employed in the business?

|                                       | Family               | Other                |
|---------------------------------------|----------------------|----------------------|
| Full-time (30 hours a week or more)   | <input type="text"/> | <input type="text"/> |
| Part-time (less than 30 hours a week) | <input type="text"/> | <input type="text"/> |

Did you become the owner of:

- A **new** business
- An **existing** business

When did you establish your ownership in the business?

*If you cannot remember the exact date, show month and year*

| DAY                  | MONTH                | YEAR                 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

How many hours do you usually work each week in the business?

 hours

What percentage of the business is owned by you?

*(or you and your immediate family)*

 %

What is the value of assets transferred to Australia for each of the following since you migrated?

|  |                          |
|--|--------------------------|
| Funds  | <input type="text"/> AUD |
| Personal effects   | <input type="text"/> AUD |
| Business capital equipment ( <i>include machinery, equipment, copyrights, trademarks and patents</i> ) | <input type="text"/> AUD |

Continued on the next page ►

**BUSINESS ONE**

**24** What value of assets have you invested in the business since you became an owner?

**Assets** may include but are not limited to:

- cash;
- machinery;
- equipment;
- land and buildings;
- mineral deposits;
- copyright, trademarks and patents; and
- financial claims on other parties.

**25** What is the current net worth of the business?

**Net worth** of a business is the value of the total assets of the business minus the total liabilities of the business.

**Liabilities** may include but are not limited to:

- amounts owed to suppliers for goods and services purchased on credit (*accounts payable*);
- amounts borrowed from banks or other lending institutions; and
- amounts owed to employees for wages and salaries not yet paid.

**26** What is the total annual income of the business?   
(include income from all sources)

**27** What are the total annual expenses of the business?

Include:

- wages and salaries;
- employer contributions to superannuation funds;
- workers' compensation costs;
- payroll tax and fringe benefits tax;
- interest expenses;
- depreciation and amortisation;
- bad debts write off;
- purchases, vehicles expenses, renting and leasing;
- all other operating expenses.

**28** What is the annual profit (surplus) or loss (deficit) of the business before tax and extraordinary items?

**29 Exports**  
Does your business export? No  ► Go to Question 31  
Yes

**30** What is the approximate annual value of exports sold by your business?

**31 Imports**  
Does your business import? No  ► Go to Part E  
Yes

**32** What is the approximate annual value of imports sold by your business?

**BUSINESS TWO** (if applicable)

What value of assets have you invested in the business since you became an owner?

**Assets** may include but are not limited to:

- cash;
- machinery;
- equipment;
- land and buildings;
- mineral deposits;
- copyright, trademarks and patents; and
- financial claims on other parties.

What is the current net worth of the business?

**Net worth** of a business is the value of the total assets of the business minus the total liabilities of the business.

**Liabilities** may include but are not limited to:

- amounts owed to suppliers for goods and services purchased on credit (*accounts payable*);
- amounts borrowed from banks or other lending institutions; and
- amounts owed to employees for wages and salaries not yet paid.

What is the total annual income of the business?   
(include income from all sources)

What are the total annual expenses of the business?

Include:

- wages and salaries;
- employer contributions to superannuation funds;
- workers' compensation costs;
- payroll tax and fringe benefits tax;
- interest expenses;
- depreciation and amortisation;
- bad debts write off;
- purchases, vehicles expenses, renting and leasing;
- all other operating expenses.

What is the annual profit (surplus) or loss (deficit) of the business before tax and extraordinary items?

**Exports**  
Does your business export? No  ► Go to Question 31  
Yes

What is the approximate annual value of exports sold by your business?

**Imports**  
Does your business import? No  ► Go to Part E  
Yes

What is the approximate annual value of imports sold by your business?

## Part D – I am not currently engaged in business in Australia

Only complete this section if you are **not currently** engaged in business in Australia.

- 33** What is the value of assets transferred to Australia for each of the following?

|   |                                  |
|---|----------------------------------|
| Funds   | <input type="text" value="AUD"/> |
| Personal effects  | <input type="text" value="AUD"/> |
| Business capital equipment<br><i>(include machinery, equipment, copyrights, trademarks and patents)</i> | <input type="text" value="AUD"/> |

- 34** What are the main reasons you have not yet engaged in business in Australia? *(Tick all that apply)*

- Lack of business information post arrival
- Difficulties sourcing products
- English language difficulties
- Still managing business in home country
- Insufficient research prior to migration
- Poor health of self or family member
- Death of a family member
- Extended family remain in home country
- Investor/Investment Linked Visa holder
- Was in business in Australia, but no longer
- Other *(specify)*

- 35** Attach evidence of your efforts to engage in business in Australia: *(Evidence attached - tick all that apply)*

- Title deeds for any business-related property or any other property purchased
- Business plans, research or feasibility studies done
- Business agreements you may have entered into
- Registration with any business associations or organisations
- Requests for business advice from advisory or information services
- Requests for business advice from Government small business agencies
- Professional assistance, eg. banks, lawyers, accountants
- Was in business in Australia, but no longer
- Any other efforts   
*(please describe below)*

|  |
|--|
|  |
|  |
|  |
|  |

## Part E – Other information

- 36** Are you still actively involved in a business outside Australia? *(Note that there is no expectation or requirement that you discontinue any business outside Australia)*

No   
Yes

- 37** What is the name and address of this business

|         |                      |
|---------|----------------------|
| Name    | <input type="text"/> |
| Address | <input type="text"/> |
|         | <input type="text"/> |
|         | POSTCODE             |

- 38** If you are the holder of a Business Skills (Provisional) visa, do you intend to lodge an application for a Business Skills (Residence) visa within the next 2 years?

No   
Yes

## Part F – Options for receiving written communications

- 39** All written communications about this application should be sent to: *(Tick one box only)*

- Myself  ▶ All written communications will be sent to the address for communications that you have provided in this form.
- OR**
- Authorised recipient  ▶ You must complete form 956 *Appointment of a migration agent or exempt agent or other authorised recipient* and attach it to this application form. Form 956 is available from the department's website [www.immi.gov.au](http://www.immi.gov.au)
- OR**
- Migration agent  ▶
- OR**
- Agent exempt from registration  ▶

Continued on the next page ▶

## Part G – Authorised recipient details

**Note:** Complete this section if you are **ONLY** receiving documentation on behalf of the visa holder.

- 40** Provide the details of the person who is authorised on your behalf to receive all written communications about Business Skills monitoring.

Title: Mr  Mrs  Miss  Ms  Other

Family name

Given names

Authorised recipient's postal address

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| POSTCODE             |

Telephone number or daytime contact

Office hours 

|              |           |        |
|--------------|-----------|--------|
| COUNTRY CODE | AREA CODE | NUMBER |
| (       )    | (       ) |        |

Mobile/cell

- 41** Provide the details of the person who is authorised on behalf of your partner and each dependant 18 years and over to receive all written communications about Business Skills monitoring?  
(if same as in Question 40, write 'AS ABOVE')

**Partner** (as named in Question 7)

Authorised recipient's name

Authorised recipient's postal address

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| POSTCODE             |

If different from Question 40, authorised recipient to complete and sign Question 43.

**Dependant 1** (dependant 1 as named in Question 7)

Authorised recipient's name

Authorised recipient's postal address

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| POSTCODE             |

If different from Question 40, authorised recipient to complete and sign Question 44.

**Dependant 2** (dependant 2 as named in Question 7)

Authorised recipient's name

Authorised recipient's postal address

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| POSTCODE             |

If different from Question 40, authorised recipient to complete and sign Question 45.

**Dependant 3** (dependant 3 as named in Question 7)

Authorised recipient's name

Authorised recipient's postal address

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| POSTCODE             |

If different from Question 40, authorised recipient to complete and sign Question 46.

If there are more than 3 dependents 18 years or over, please attach a separate sheet to this form with further details.

## Part H – Authorised recipient consent

- 42** As the authorised recipient named on this form, do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes  Give details

Fax number 

|              |            |        |
|--------------|------------|--------|
| COUNTRY CODE | AREA CODE  | NUMBER |
| (        )   | (        ) |        |

E-mail address

*I understand and accept that I am the person appointed by the visa holder to receive all written communication.*

**Signature of authorised recipient**

Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

- 43** **Authorised recipient for partner** (as named in Question 7)

Do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes  Give details

Fax number 

|              |            |        |
|--------------|------------|--------|
| COUNTRY CODE | AREA CODE  | NUMBER |
| (        )   | (        ) |        |

E-mail address

*I understand and accept that I am the person appointed by the visa holder to receive all written communication.*

**Signature of authorised recipient for partner**

Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

- 44** **Authorised recipient for dependant 1** (dependant 1 as named in Question 7)

Do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes  Give details

Fax number 

|              |            |        |
|--------------|------------|--------|
| COUNTRY CODE | AREA CODE  | NUMBER |
| (        )   | (        ) |        |

E-mail address

*I understand and accept that I am the person appointed by the visa holder to receive all written communication.*

**Signature of authorised recipient for dependant 1**

Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

- 45** **Authorised recipient for dependant 2** (dependant 2 as named in Question 7)

Do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes  Give details

Fax number 

|              |            |        |
|--------------|------------|--------|
| COUNTRY CODE | AREA CODE  | NUMBER |
| (        )   | (        ) |        |

E-mail address

*I understand and accept that I am the person appointed by the visa holder to receive all written communication.*

**Signature of authorised recipient for dependant 2**

Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

- 46** **Authorised recipient for dependant 3** (dependant 3 as named in Question 7)

Do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes  Give details

Fax number 

|              |            |        |
|--------------|------------|--------|
| COUNTRY CODE | AREA CODE  | NUMBER |
| (        )   | (        ) |        |

E-mail address

*I understand and accept that I am the person appointed by the visa holder to receive all written communication.*

**Signature of authorised recipient for dependant 3**

Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

*If there are more than 3 dependants 18 years or over, please attach a separate sheet to this form, signed by the authorised recipient, with further details.*

▶▶ Now go to Part K

Continued on the next page ▶

## Part I – Agent details

- 47** Provide the details requested below about the agent who is authorised to act on your behalf and to receive all written communications about Business Skills monitoring.

Migration Agent Registration Number or offshore agent ID number  
(if allocated by the department)

7 DIGITS

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| : | : | : | : | : | : |
|---|---|---|---|---|---|

Title: Mr  Mrs  Miss  Ms  Other

Family name

Given names

Business or company name

Postal address

  
  
 POSTCODE

Telephone number or daytime contact

|              | COUNTRY CODE | AREA CODE | NUMBER |
|--------------|--------------|-----------|--------|
| Office hours | ( )          | ( )       |        |

Mobile/cell

- 48** Provide the details requested below about the agent who is authorised to act on behalf of your partner and each dependant 18 years and over, and to receive all written communications about business skills monitoring.  
(if same as in Question 47, write 'AS ABOVE')

### Agent for partner (as named in Question 7)

Migration Agent Registration Number or offshore agent ID number  
(if allocated by the department)

7 DIGITS

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| : | : | : | : | : | : |
|---|---|---|---|---|---|

Full name

Business or company name

Postal address

  
  
 POSTCODE

If different from Question 47, agent to complete and sign Question 50.

### Agent for dependant 1 (dependant 1 as named in Question 7)

Migration Agent Registration Number or offshore agent ID number  
(if allocated by the department)

7 DIGITS

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| : | : | : | : | : | : |
|---|---|---|---|---|---|

Full name

Business or company name

Postal address

  
  
 POSTCODE

If different from Question 47, agent to complete and sign Question 51.

### Agent for dependant 2 (dependant 2 as named in Question 7)

Migration Agent Registration Number or offshore agent ID number  
(if allocated by the department)

7 DIGITS

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| : | : | : | : | : | : |
|---|---|---|---|---|---|

Full name

Business or company name

Postal address

  
  
 POSTCODE

If different from Question 47, agent to complete and sign Question 52.

### Agent for dependant 3 (dependant 3 as named in Question 7)

Migration Agent Registration Number or offshore agent ID number  
(if allocated by the department)

7 DIGITS

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| : | : | : | : | : | : |
|---|---|---|---|---|---|

Full name

Business or company name

Postal address

  
  
 POSTCODE

If different from Question 47, agent to complete and sign Question 53.

If there are more than 3 dependants 18 years or over, please attach a separate sheet to this form with further details.

## Part J – Agent consent

**49** As the agent named on this form, do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes  Give details

Fax number 

|              |            |        |
|--------------|------------|--------|
| COUNTRY CODE | AREA CODE  | NUMBER |
| (        )   | (        ) |        |

E-mail address

*I understand and accept that I am the person appointed by the visa holder to receive all written communications and act as his/her agent.*

**Signature of agent**

Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

**50** **Authorised agent for partner** (as named in Question 7)

Do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes  Give details

Fax number 

|              |            |        |
|--------------|------------|--------|
| COUNTRY CODE | AREA CODE  | NUMBER |
| (        )   | (        ) |        |

E-mail address

*I understand and accept that I am the person appointed by the primary visa holder's partner to receive all written communications and act as his/her agent.*

**Signature of agent for partner**

Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

**51** **Authorised agent for dependant 1** (dependant 1 as named in Question 7)

Do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes  Give details

Fax number 

|              |            |        |
|--------------|------------|--------|
| COUNTRY CODE | AREA CODE  | NUMBER |
| (        )   | (        ) |        |

E-mail address

*I understand and accept that I am the person appointed by the primary visa holder's dependant to receive all written communications and act as his/her agent.*

**Signature of agent for dependant 1**

Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

**52** **Authorised agent for dependant 2** (dependant 2 as named in Question 7)

Do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes  Give details

Fax number 

|              |            |        |
|--------------|------------|--------|
| COUNTRY CODE | AREA CODE  | NUMBER |
| (        )   | (        ) |        |

E-mail address

*I understand and accept that I am the person appointed by the primary visa holder's dependant to receive all written communications and act as his/her agent.*

**Signature of agent for dependant 2**

Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

**53** **Authorised agent for dependant 3** (dependant 3 as named in Question 7)

Do you agree to the department communicating with you by fax, e-mail or other electronic means?

No

Yes  Give details

Fax number 

|              |            |        |
|--------------|------------|--------|
| COUNTRY CODE | AREA CODE  | NUMBER |
| (        )   | (        ) |        |

E-mail address

*I understand and accept that I am the person appointed by the primary visa holder's dependant to receive all written communications and act as his/her agent.*

**Signature of agent for dependant 3**

Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

*If there are more than 3 dependants 18 years or over, please attach a separate sheet to this form, signed by the authorised agent, with further details.*

Continued on the next page ►

## Part K – Declaration

### 54 **WARNING:** Giving false or misleading information is a serious offence.

*I declare that the information I have supplied in this survey, including any attachments, is complete, correct and up-to-date in every detail.*

*I agree to the department disclosing my Australian business activity information to the state/territory economic development department that sponsored my application*

No

Yes

**Signature of applicant**

Date

**Signature of spouse or de facto partner**

Date

**Signature of dependant 1**

*(dependant 1 as named in Question 7)*

Date

**Signature of dependant 2**

*(dependant 2 as named in Question 7)*

Date

**Signature of dependant 3**

*(dependant 3 as named in Question 7)*

Date

*If there are more than 3 dependants 18 years or over, please attach a separate sheet to this form, with their signed declaration.*

We strongly advise that you keep a copy of your survey and all attachments for your records.