



Department of Immigration and Citizenship  
**Request for access to eVisa facility**  
**Business Long Stay Visa (eGSM & e457)**

**Agency details**

Give the name of the agency making this request.

Registered name

Business Registration Number

Address of Agency

City

State

Country

Postcode

Telephone (  )

Facsimile (  )

**Additional user details**

Title Mr  Ms  Other \_\_\_\_\_

Family name

Given names

MARN (if applicable)

DOB  /  /   
Day Month Year

e-mail address

Business hours phone (  )

Mobile phone

I agree to maintain the confidentiality of my logon ID/password

Signature of Additional user

Day  Month  Year

**Established Client details (Agent who has signed an Established Client Agreement)**

Title Mr  Ms  Other \_\_\_\_\_

Family name

Given names

MARN (if applicable)

e-mail address

Business hours phone (  )

Logon ID to eVisa facility (if allocated by the department)

I agree to maintain the confidentiality of my logon ID/password

Signature of Established Client

Day  Month  Year

**DIAC OFFICIAL USE ONLY**

**A. IT Security**  Please create the Organisation in DSM

Access to be given to all Migration Agents Section DSAs and the following DSAs

Name

Logon ID

Name

Logon ID

**Actioned IT Security**

**B. Delegated Security Administrator to complete**

I have set up a Logon ID in DSM for the nominated user named on this form.

Name of officer

Signature

Day  Month  Year

Log on ID issued

Password reference