

AGENT AUTHORISATION FORM – MIGRATION SKILLS ASSESSMENT

By appointing a Migration Agent to manage your application, you authorise the ACS to:

- Discuss all aspects of your application with your migration agent, including any other agents within the firm or agency
- Send your skill assessment result letter to your migration agent

If you choose to use a migration agent within Australia, we would recommend contacting the Office of the Migration Agents Registration Authority <u>MARA</u>

Applicant's Family Name (Surname) Applicant's Given Name/s Date of Birth Section A – Please complete the following section if you are appointing or changing your migration agent would like to appoint the following agent to act on my beh in matters relating to my ACS migration skills assessment: Agent Name Email Company Name (If Applicable) MARA No (If Applicable) MARA No (If Applicable) Date Description agent Signature would like to remove authorisation from the appointed agent to act on my behalf in any matters relating to my ACS skill assessment for migration purposes. I understand that I will be acting my own behalf from this point onwards. Applicant Signature Please provide the email address you wish to receive all ACS corresponded and a high-quality colour scan of applicant's passes to assessment for my and a high-quality colour scan of applicant's passes and the assessment for any action and a high-quality colour scan of applicant's passes and the assessment for any action and a high-quality colour scan of applicant's passes and the assessment for any action and a high-quality colour scan of applicant's passes and the assessment for any action and a high-quality colour scan of applicant's passes and the assessment for any action and a high-quality colour scan of applicant's passes and the assessment for any action and a high-quality colour scan of applicant's passes and the assessment for any action and a high-quality colour scan of applicant for any action and a high-quality colour scan of applicant for any action and a high-quality colour scan of applicant for any action and a high-quality colour scan of applicant's passes and action and a high-quality colour scan of applicant for any action and a high-quality colour scan of applicant for any action action and act	Please complete this form in BLOCK	capital letters	
I,	Title: Mr Mrs Miss Applicant's Family Name (Surname) Applicant's Given Name/s	Ms Other	Skills Assessment Application ID.
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