

Agent authorisation form

Skills assessment

Please fill in your **Member ID**, if known (please use a **BLACK** pen)

--	--	--	--	--	--	--	--	--	--

By appointing a migration agent to manage your application, you authorise CA ANZ to:

- discuss all aspects of your application with your migration agent, including any other agents within the firm or agency
- send your skills assessment result letter to your migration agent.

For more information about migration agents, please contact [MARA](#). Please type or print ALL applicable sections below:

Section 1 – Applicant details

Title Mr Mrs Miss Ms Other -----> Gender -----> Male Female

Given name/s (in full) Family name

Preferred name

Date of birth / /

Section 2 – Agent details – Please complete the following section if you are appointing or changing your migration agent

I wish to appoint the following migration agent to act on my behalf in matters relating to my skills assessment for migration purposes:

Business name

Agent name MARA N.

Email

Applicant signature Agent signature

Date / / Date / /

Section 3 – Please complete the following section if you are ending the appointment of your migration agent

I wish to remove authorisation from the appointed agent to act on my behalf in any matters relating to my skills assessment for migration purposes. I will be acting on my own behalf from this point onwards.

Applicant signature Agent signature

Date / / Date / /

