

Agent Declaration and Consent Form

APPLICANT INFORMATION

Full Name

Passport Number:

Date of Birth

Email

I take full responsibility for ensuring that no false or misleading information is submitted in this application.

**Applicant
Signature**

Date

AGENT DECLARATION AND CONSENT

Please tick each clause below and sign the declaration if you are a migration agent authorised to act on behalf of an applicant applying for an ANMAC Skills Assessment.

I, _____ (Migration Agent full name)

Declare that:

I have been authorised by the above applicant to discuss, request and provide information about this application on their behalf

I understand that providing false or misleading information is an offence and all the information I have provided is true and correct to the best of my knowledge and is as was conveyed to me by the applicant

I understand that the applicant may withdraw this authority at any time

If applicable:

I authorise other representatives of application on my behalf.

Company name

to inquire about this

**Agent
Signature**

Date

MARN/LPN
(if applicable)

Email