

Agent Declaration and Third-Party 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:

CONSENT

Please tick each clause below and sign the declaration for authorisation to act on behalf of the above applicant.

I, (*Name of Agent or Third Party*)

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 to inquire about this application on my behalf.
Company name

Email:

**Agent or
Third-Party
Signature:**

Date:

MARN/LPN:
(if applicable)