SRG07 - AGENT AUTHORISATION FORM - SKILLS ASSESSMENT

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PLICANT FAMILY NAME (su	rname):										
PLICANT GIVEN NAME/S:											
TE OF BIRTH:/_ DD MM	/	FILE No.									
agent can be any person or or gration Agent or legal practition		applicant to act or	their b	oehalf	– an ag	ent doe	s NO	Γhav	e to b	e a Re	egistered
pointing an agent to act on you	r behalf includes authorising	VETASSESS to:									
	with the agent (as well as othe communication about your ap								n fror	n them	1
you wish to advise VETASS	ESS that you have (tick ✓ c	one option only):									
Appointed an agent (go to O	ption 1)										
Changed your agent (go to O	ption 1)										
Ended the appointment of yo	ur agent (go to Option 2)										
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 matters pertaining to my app	, th dication for Skills Assessm	e applicant, here ent, VETASSES	eby <u>no</u> S:	minat	<u>e</u> the fo	llowing	g agei	nt to	act o	n my l	ehalf in a
NAME:		E	MAIL: _								
DMPANY NAME (if applicable):			MARA No. (if applicable):								
ΓELEPHONE:	MOBILE	≣:	FAX:								
ADDRESS FOR CORRESPON	NDENCE:										
☐ I wish all correspondence	to be directed to my agent	'o addraga									
1 Wish all correspondence	to be directed to my agent	s address									
				DA	TE OF	REQUE	ST:		/_		/
APPLICANT SIGNATURE:											
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APPLICANT SIGNATURE:									/_		/
AGENT SIGNATURE:	2 - Please complete the follov			D/	ATE OF	REQUE	EST: _				/
AGENT SIGNATURE:Option 2	2 - Please complete the follow	ving section if you	ı are er	D i	ATE OF	REQUE	EST: _	our ag	gent.		
AGENT SIGNATURE:	2 - Please complete the follow, th	wing section if you	ı are er eby <u>re</u> ı	Di	the appo	REQUE	EST: _	our ag	gent.		
AGENT SIGNATURE:	2 - Please complete the follow, the following to my application for Ski	wing section if you ne applicant, here ills Assessment,	ı are er eby <u>rer</u> VETA	DA	the appo	REQUE	EST:	our ag	gent. wing a	ngent :	to act on

Please note that the applicant signature must match the signature as it appears on the original application. Signature discrepancies can cause significant delays.



Skills Recognition - General Occupations **VETASSESS** GPO Box 2752

DATE OF REQUEST: _

VIC 3001 **AUSTRALIA**

Fax: +613 9654 2773 E-mail: migrate@vetassess.com.au Updated 05/2017 - Page 1 of 1

APPLICANT SIGNATURE: _