

MIGRATION SKILLS ASSESSMENT

APPOINTMENT OF THIRD PARTY AUTHORITY



This form should be completed by a CPA Australia Migration Skills Assessment applicant who wishes to authorise a third party to act on their behalf as detailed in this form.

(A) APPLICANT DETAILS (PLEASE PRINT CLEARLY)

Title	First name		
Middle name	Last name		
Address			
Suburb or City	Postcode or ZIP		
State, Province or Region	Country		
CPA Australia ID (if applicable)			
Phone number			
Email address			This is mandatory. Please ensure that email address is written clearly.

(B) THIRD-PARTY DETAILS (PLEASE PRINT CLEARLY)

Name			
Business name			
Address			
Suburb or City	Postcode or ZIP		
State, Province or Region	Country		
Migration Agent Registration Number (if applicable)			
CPA Australia ID (if applicable)			
Business phone			
Email address			Please ensure that email address is written clearly.

Insert date if you wish to specify an end date for the third-party authority. If no date is inserted, the authority will continue until you revoke it in writing.

Insert Date		
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(C) DECLARATION OF APPLICANT

By signing where indicated below, I confirm that I:

1. authorise the individual named in Section B of this form to:
 - lodge CPA Australia Migration Skills Assessments applications (**Application**) on my behalf;
 - liaise directly with CPA Australia on all matters directly relating to an Application lodged under this third-party authority, including documents or information provided in any previous Applications submitted by me or a third party on my behalf, and
 - receive on my behalf all requests/communications (including outcome letter) relating to my Application.
2. understand that the authority does not allow the nominated third party to make any decisions on my behalf and, if I am a CPA Australia member, does not allow them to change any of my profile details with CPA Australia;
3. acknowledge that CPA Australia is not responsible for any loss and/or liabilities which may result from CPA Australia providing, receiving and/or processing information in accordance with this third-party authority;
4. have read, understood and agree to CPA Australia's Privacy Policy, and
5. acknowledge that I can revoke the authority in this form at any time by contacting CPA Australia in writing.

Signature Date / /

(D) PRIVACY

Information collected via this form will be handled in accordance with CPA Australia's Privacy Policy at cpaaustralia.com.au/utilities/privacy/privacy-policy

(E) WHERE TO SEND YOUR COMPLETED FORMS

You can email your completed forms to migrationupload@cpaaustralia.com.au.

IF YOU NEED HELP OR MORE INFORMATION

Please contact your nearest office directly. You will find a list of our offices on the CPA Australia website at cpaaustralia.com.au/contact