

# Part C – Declarations

## Authorised recipient declaration

29 Tick one only

**Appointment**

I understand that:

- I have been appointed by the persons named in Part A of this form to be their authorised recipient; and
- as the authorised recipient all documents that would otherwise be sent to the persons named in Part A will be sent to me, including by electronic means as indicated in Question 20 (if applicable).

**Withdrawal of appointment**

I understand that I am no longer acting as authorised recipient for the persons named in Part B of this form in relation to the matter indicated in Part B of this form.

**Signature of authorised recipient**



Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

## Your declaration

30 Tick one only

**Appointment**

I declare that I have appointed the authorised recipient named in Question 15 of this form to receive all documents relating to the matter indicated in Question 12 on my behalf.

**Withdrawal of appointment**

I declare that the authorised recipient named in Question 26 of this form is no longer authorised to receive documents relating to the matter indicated in Question 27 on my behalf.

I understand that future correspondence from the department will be sent to the last address that I have provided in Question 23, 24 or 25.

I will inform the department of any changes to my address for correspondence.

I declare that:

- I have read the information contained in form 1442i Privacy notice.
- I understand the department may collect, use and disclose my personal information (including biometric information and other sensitive information) as outlined in form 1442i Privacy notice.

**Your signature**




Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

Signatures of **other persons** 16 years of age or older who are appointing or withdrawing the appointment of the same authorised recipient in relation to the same matter

**Signature**



Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

**Signature**



Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

**Signature**



Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

We strongly advise that you keep a copy of this form for your records.