



Skilled Migration Services agent declaration

ASSESSMENT:

REFERENCE:

11.17

Applicant details

Full Name:	Date of Birth:
Street Address Line 1:	
Street Address Line 2:	
Suburb/Town:	Post code/Zip code:
State/Territory/Province:	Country:
Phone:	Email:

Agent details

Name:	Company:
Street Address Line 1:	
Street Address Line 2:	
Suburb/Town:	Post code/Zip code:
State/Territory/Province:	Country:
Phone:	Email:

Agent to confirm the above is true and correct.

Signature	Date:
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Applicant declaration

I,

acknowledge the use of the above agent to act on my behalf for my assessment.

Signature	Date:
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