



Application for a business (Short Stay) visa (for a stay of up to 3 months)

456

Are you applying for a:

Business visitor (Short Stay)

Please complete all sections of this form. Incomplete applications will delay the processing of your application.

OR

Sponsored Business visitor (Short Stay)

Please complete all sections of this form and attach a sponsorship form 1149 completed by your sponsor. Incomplete applications will delay the processing of your application.

Your details

1 When do you wish to visit Australia?

From

DAY	MONTH	YEAR
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 to

DAY	MONTH	YEAR
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2 Do you expect to make more than one entry to Australia in the course of this visit? (eg. a side trip to New Zealand)

No

Yes Provide details

3 Give your details as shown in your passport

Family name

Given names

4 Sex Male Female

5 Date of birth

DAY	MONTH	YEAR
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6 Marital status

Married Separated Never married

Engaged Divorced

De facto Widowed

7 National Identity number (if applicable)

8 Passport details

Passport number

Country

Expiry date

DAY	MONTH	YEAR
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Make sure your passport is valid for the period of stay you are applying for.

9 Of which countries are you a citizen?

10 Current occupation

11 Your current residential address

Note: A Post Office box address is not acceptable as a residential address. Failure to give a residential address will result in your application being invalid.

POSTCODE

12 Address for correspondence

(If the same as your residential address, write 'AS ABOVE')

POSTCODE

13 Your contact numbers

Office hours (AREA CODE)

After hours or mobile/cell (AREA CODE)

14 Do you agree to DIMIA communicating with you by facsimile, e-mail, or other electronic means?

No

Yes Provide details

Facsimile number (AREA CODE)

E-mail address

Continued on the next page ►

15 Your employment details

Employed

Self-employed

Give details of employer/business

Name

Address

Telephone number (AREA CODE)

Position you hold

How long have you been employed by this employer/business? YEARS MONTHS

Business activities

16 Describe your intended principal business activity in Australia

Australian business contact

Contact person

Business name (if applicable)

Telephone number (AREA CODE)

17 Will you be in paid employment in Australia?

No

Yes Provide details of your employment in Australia

Occupation

Employer's name

Contact person

Telephone number (AREA CODE)

Health

18 In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months?

No

Yes Give details

19 Do you, or does any member of your family unit included in this application:

- intend entering an Australian hospital (including nursing homes) for work, training, treatment or visiting?

No

Yes Please provide full details. If insufficient space, attach an additional statement.

- intend to work in an Australian preschool-aged child care centre (including preschools and creches) as an employee or trainee?

No

Yes Please provide full details. If insufficient space, attach an additional statement.

20 Have you, or has any member of your family unit included in this application:

- ever had, or do you currently have, tuberculosis?
- been in close contact with a person who has, or has had, active tuberculosis?
- ever had a chest x-ray which showed an abnormality?

No

Yes Please provide full details. If insufficient space, attach an additional statement.

21 During your proposed stay in Australia, do you, or does any member of your family unit included in this application, expect to incur medical costs, or require treatment or medical follow up for:

- blood disorders
- liver disease
- cancer
- mental illness
- heart disease
- pregnancy
- hepatitis B
- respiratory disease that has required hospital admission
- HIV infection, including AIDS
- any form of surgery
- kidney disease, including dialysis

No

Yes Please provide full details. If insufficient space, attach an additional statement.

Character

- 22** Have you, or has any member of your family unit included in this application, ever:
- been convicted of a crime or offence in any country (including any conviction which is now removed from official records)? No Yes
 - been charged with any offence that is currently awaiting legal action? No Yes
 - been acquitted of any criminal offence or other offence on the grounds of mental illness, insanity or unsoundness of mind? No Yes
 - been removed or deported from any country (including Australia)? No Yes
 - left any country to avoid being removed or deported? No Yes
 - been excluded from or asked to leave any country (including Australia)? No Yes
 - committed, or been involved in the commission of war crimes or crimes against humanity or human rights? No Yes
 - been involved in any activities that would represent a risk to Australian national security? No Yes
 - had any outstanding debts to the Australian Government or any public authority in Australia? No Yes
 - been involved in any activity, or been convicted of any offence, relating to the illegal movement of people to any country (including Australia)? No Yes
 - served in a military force or state sponsored/private militia, undergone any military/paramilitary training, or been trained in weapons/explosives use (however described)? No Yes

If you answered **'Yes'** to any of the above questions, provide all relevant details. If insufficient space, attach an additional statement.

Accompanying family members

Family member includes your spouse and unmarried dependent children.

- 23** Are there any family members who are to be included in this application (including those shown in your passport)?
- No ► Go to Question 26
- Yes ► Give details of accompanying family members at Question 24

- 24** Give details of each family member who is included in this application (including those shown in your passport, if they are accompanying you) Provide details as shown in the person's passport. Each person must sign the form where indicated below. If the person is too young to sign, the parent or guardian may sign on their behalf. By signing, they are making the same declaration as at Question 27.

Accompanying family members

1 Family name

Given names

Sex Male Female

DAY MONTH YEAR

Date of birth

Nationality

Passport number

DAY MONTH YEAR

Passport expiry date

Country of birth

Relationship

Signature of this person

DAY MONTH YEAR

Date

2 Family name

Given names

Sex Male Female

DAY MONTH YEAR

Date of birth

Nationality

Passport number

DAY MONTH YEAR

Passport expiry date

Country of birth

Relationship

Signature of this person

DAY MONTH YEAR

Date

Payment details

29 How will you pay your application charge?

- Bank cheque Please make payable to: Department of
Immigration and Multicultural and
Indigenous Affairs
- Money order
- Credit card Give details below

Payment by (*tick one box*)

Australian Dollars

MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	\$
Bankcard <input type="checkbox"/>	Diners Club <input type="checkbox"/>	
American Express <input type="checkbox"/>	JCB <input type="checkbox"/>	

Credit card number

Expiry date /

Cardholder's name

Telephone (AREA CODE)

Address

Signature of
cardholder

Credit card information will be used for charge paying purposes only.

Complete form 956 on the next page if you are authorising another person to act and receive communication on your behalf.

Authorisation of person to act and receive communication

956



Authorisation by applicant or sponsor or Business Skills visa holder

I, (Family name)

(Given names)

(Date of birth) / /

of (current residential address)

POSTCODE

authorise the following person to act on my behalf in relation to (tick one box only)

my application or sponsorship OR

any correspondence concerning my Business Skills visa
(eg. monitoring and, where appropriate, cancellation)

in dealings with the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA). This includes authorising DIMIA to send that person any communication, documents or notifications relating to my application or sponsorship or Business Skills visa that would otherwise have been sent to me.

Is this authorisation made in connection with an existing application?

No

Yes Give details of your existing application

Client number or file number or application receipt number

At which office was that application made?

Details of authorised person

Title: Mr Mrs Miss Ms Other

Family name

Given names

Authorised person's postal address

POSTCODE

Telephone number () ()

Migration Agent Registration Number (if applicable)

Applicant's signature

Date / /

Consent by authorised person for e-communication

As the authorised person named on this form, do you agree to DIMIA communicating with you by facsimile, e-mail, or other electronic means?

No

Yes Give details

Facsimile number () ()

E-mail address

Authorised person's signature

Date / /