



# Application to visit Australia for tourism or other recreational activities

# 48R

- 1 When do you wish to visit Australia? From 

DAY	MONTH	YEAR
/	/	

 to 

DAY	MONTH	YEAR
/	/	
- 2 Are you applying for a: **Short stay visitor**  **Long stay visitor**   
(tick one box only) (up to 3 months) (more than 3 months)

**PHOTOGRAPH**

Please attach a recent photograph of yourself AND any children who are on your passport and will be travelling with you.

### Your details

- 3 Name(s) as shown in your passport
- Family name
- Given names
- Other names you are, or have been, known by (including name at birth, previous married names, aliases)
- Name in your own language or script (if applicable)

- 9 Of which countries are you a citizen?

- 10 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

- 4 Sex Male  Female

- 5 Date of birth 

DAY	MONTH	YEAR
/	/	
- If you are 70 years or over, you will be asked to provide evidence from your doctor that you are fit to travel and that you have medical insurance to cover your stay in Australia. Please contact an Australian overseas mission for further advice before lodging your application. If additional medical consultations are required, a decision on your visa application will be delayed.*

- 11 Address for correspondence (If the same as your residential address, write 'AS ABOVE')
- 
- POSTCODE

- 6 Marital status
- Married  Separated  Never married
- Engaged  Divorced
- De facto  Widowed

- 12 Your telephone numbers
- Office hours 

(AREA CODE	)
------------	---
- After hours or mobile/cell 

(AREA CODE	)
------------	---

- 7 Place of birth Town/city
- Country

- 13 Do you agree to DIMIA communicating with you by facsimile, e-mail, or other electronic means?
- No
- Yes  Give details
- Facsimile number
- |              |           |        |
|--------------|-----------|--------|
| COUNTRY CODE | AREA CODE | NUMBER |
| ( )          | ( )       |        |
- E-mail address

- 8 Passport details
- Passport number
- Country
- Expiry date 

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

Continued on the next page ►

## Children included

You can include in this application any **children included in your passport who will be travelling with you**. Children under 18 years of age, travelling alone or without one or both of their parents or legal guardians, require notarised authorisation from the non-accompanying parent(s) or guardian(s) to travel to Australia.

- 14 Are there any children included in your passport who will be travelling with you?

No  Yes  Give details

Full name	Sex	Date of birth			Country of birth
	M/F	DAY	MONTH	YEAR	
		/	/		
		/	/		
		/	/		
		/	/		

If you need more space, please attach a separate sheet with the details.

## Family NOT travelling with you

- 15 Do you have a spouse, de facto, any children, or fiancé who will NOT be travelling with you?

No  Yes  Give details

Full name	Relationship to you	Date of birth			Their address while you are in Australia
		DAY	MONTH	YEAR	
		/	/		
		/	/		
		/	/		
		/	/		

If you need more space, please attach a separate sheet with the details.

## Details of your visit to Australia

- 16 Is it likely you will be travelling from Australia to a neighbouring country (eg. New Zealand, Singapore, Papua New Guinea) and back to Australia?

No  Yes  Please attach itinerary details

- 17 Do you have any relatives, friends or contacts in Australia?

No  Yes  Give details

Full name	Relationship to you	Date of birth			Address	Citizen or permanent resident of Australia? (YES or NO)
		DAY	MONTH	YEAR		
		/	/			
		/	/			
		/	/			
		/	/			

If you need more space, please attach a separate sheet with the details.

- 18 Why do you want to visit Australia?

Include details of any dates that are of special significance to your visit.


- 19 Do you intend to do a course of study of more than 4 weeks while in Australia?

No  Yes  Please give details

Name of the course

Name of the institution

How long will the course last?



## Employment status

25 What is your employment status?

Employed/self-employed  ► Details of employer/business

Name

Address

Telephone number

Position you hold

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

YEARS MONTHS

---

Retired  ►

Year of retirement

DAY MONTH YEAR  
/ /

---

Student  ►

Your current course

Name of educational institution

How long have you been studying at this institution?

YEARS MONTHS

---

Other  ► Please provide details

---

Unemployed

## Evidence of funds

All visitors to Australia must be able to demonstrate they have adequate funds to cover all costs associated with their visit. Examples may include showing personal bank statements, pay slips, audited accounts or taxation records. Relevant factors may also include the number of persons to support, the type of activities planned and the length of stay sought.

26 How will you be maintaining yourself financially while you are in Australia?


27 Is someone else providing support for your visit to Australia?

No  Yes  ► Give details

Full name	Relationship to you	Date of birth			Their address while you are in Australia
		DAY	MONTH	YEAR	
		/	/		
		/	/		
		/	/		
		/	/		
		/	/		

If you need more space, please attach a separate sheet with the details.

28 What support are they providing? Financial  Accommodation  Other  ► Please attach details

The person or people you have listed will need to provide evidence of their ability to provide this support.

## Previous applications

- 29 Have you, or any children included in this application, ever:
- been in Australia and not complied with visa conditions or departed Australia outside your authorised period of stay?
  - had an application for entry to or further stay in Australia refused, or had a visa for Australia cancelled?

No  Yes  Give details


- 30 Complete the following details if you (or any children included in this application) have applied for **permanent** entry to Australia in the last 5 years

Month and year	Place of application	Type of visa applied for	Was a visa granted? (YES or NO)

- 31 Complete the following details if you (or any children included in this application) have applied for **temporary** entry to Australia in the last 5 years

Month and year	Place of application	Type of visa applied for	Was a visa granted? (YES or NO)

## Authorising another person

- 32 Do you want to authorise another person to act and receive communication about this application on your behalf?  
(For further information on authorisation of a person to act and receive communication, read the information on page 2 of this form.)

No

Yes  After you have completed the declaration below, complete form 956 *Authorisation of person to act and receive communication* on the next page.

## Declaration

- 33 Having read the 'Conditions for a tourist visa to Australia' on page 1 of this form:
- I understand that the visa I am applying for does not permit me to work or undertake business activities in Australia.
  - I understand that the visa I am applying for does not permit me to study for longer than 3 months in Australia.
  - My intention to visit Australia is genuine and I will abide by the conditions and period of stay of the visa.
  - I have adequate funds to meet all costs associated with the visit to and from Australia for all those included in this application.
  - I have truthfully declared all relevant details requested of me in this application.
  - I understand that the effect of the 8503 visa condition is that it will not be possible for me to apply to remain in Australia beyond the authorised date on my visa label. I agree to having this condition included on any visa issued to me as a result of this application.
  - I acknowledge that I understand that if the 8503 visa condition is imposed on my visa, it will be indicated on the visa label by the condition code '8503' and by the short description 'No Further Stay'. I acknowledge that this means that the 8503 condition has been imposed on my visa, that I am required to depart Australia on or before the date or time period notified on my visa label and that I understand the restriction that Condition 8503 places on me.
  - In any part of this form which has been completed with the assistance of another person, I declare that the information as set down is true and correct and has been included with my full knowledge, consent and understanding.
  - If granted a visa, I will advise the overseas mission should my circumstances change prior to my travel to Australia.

Signature  
of applicant

--

Date 

DAY	MONTH	YEAR
/	/	/

**If you are unable to collect your passport, you will need to make adequate arrangements for its return to you.**

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)  DAY /  MONTH /  YEAR

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  COUNTRY CODE ( ) ( ) AREA CODE NUMBER

Migration Agent Registration Number (if applicable)  7 DIGITS

### Applicant's signature

Date  DAY /  MONTH /  YEAR

## 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  COUNTRY CODE ( ) ( ) AREA CODE NUMBER

E-mail address

### Authorised person's signature

Date  DAY /  MONTH /  YEAR