

Agent Authorisation Form

Migration Skills Assessment

Please complete this form in BLOCK capital letters.

Title

Mr Mrs Ms Miss Dr Other

First name/s *

Family name *

Date of birth *

Do you wish to advise IML to: *

Option 1: Appoint a new agent **Option 2:** End appointment with an existing agent

Option 1

Please complete the following section to appoint a new agent.

I _____, the applicant, hereby confirm that I:

1. authorise the nominated third party named below to act as an agent on my behalf as follows:
 - a. lodge a Migration Skills Assessment application (Application) on my behalf with IML National;
 - b. liaise directly with IML National 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
 - c. receive on my behalf all requests/communications (including the outcome letter) relating to my Application;
 - d. request a review of any adverse decision relating to my Application and/or seek an appeal of any adverse decision 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 an Institute of Managers and Leaders member, does not allow them to change any of my profile details with the Institute of Managers and Leaders;
3. acknowledge that IML National, and its related entities, are not responsible for any loss and/or liabilities that may result from IML National providing, receiving and/or processing information in accordance with this third-party authority;
4. have read, understood and agree to IML National, and its related entities', [Privacy Policy](#).

Agent name *

Company name (if applicable)

Telephone *

Email *

Marn no. (if applicable)

Address for correspondence *

Signature of applicant

Date

Signature of new agent

Date

Option 2

Please complete the following section to end an appointment with an existing agent.

I _____, the applicant, hereby remove permission for the above agent to act on my behalf in any matter pertaining to my Migration Skills Assessment Application with IML National. I confirm that I will be acting on my own behalf from this point onwards.

Signature of applicant

Date

Please note that the applicant signature must match the signature as it appears on the original application. Once completed, please upload this form with your supporting documentation, if you use our online application tool.