

## 6 Month Tourist Visa

Please complete the attached form and return it to the address shown below;

Visas4oz.co.uk 35 Moorlands Drive Nantwich CW5 7PA. United Kingdom

Should you require any assistance completing your application, please call our customer support team on 01270 842 670 or email <a href="mailto:info@visas4oz.co.uk">info@visas4oz.co.uk</a>

## **Payment Information**

Please see website for up to date pricing information.					
☐ Cheque (Please attach) ☐ Credit/Debit Card					
Credit/Debit Card Details	<b>3</b>				
Card Holders Name					
Card Number					
Start Date Expiry Date Issue Number Security Code					



## **Application to visit Australia for tourism**

or other recreational activities

48

Form

Department	of Imn	nigration
and Multic	ultural	Affairs.

1	How long do you wish to stay in Australia?		
	Up to 3 months		
	Up to 6 months		
	Up to 12 months		
	Your details		
2	Name(s) as shown in your passport	8	Country of usual residence
	Family name		
	Given names	9	Your current residential address
			<b>Note</b> : A post office box address is not acceptable as a residential address. Failure to give your residential address will result in this
	Other names you are, or have been, known by		application being invalid.
	(including name at birth, previous married names, aliases)		
			POSTCODE
3	Sex Male Female	10	Postal address
		10	(If the same as your residential address, write 'AS ABOVE')
4	Date of birth / /		
•	1 1		
	If you are 70 years or over, you will be asked to provide evidence from your doctor that you are fit to travel and show that you have medical		POSTCODE
	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	11	Your telephone numbers  COUNTRY CODE AREA CODE NUMBER
	application will be delayed.		Office hours
5	Marital status		After hours
J	Married Separated Never married		or mobile/cell
	Engaged Divorced	12	Do you agree to the department communicating with you by fax,
	De facto Widowed	12	e-mail or other electronic means?
			No
6	Place of birth Town/city		Yes
	Country		Fax number
7	Details from your passport		COUNTRY CODE AREA CODE NUMBER
•	Passport number		
	Country of passport		E-mail address
	DAY MONTH YEAR		Note: If this visa application is refused, you will be notified by mail
	Date of issue / /		Table . It also vice appropriation to readout, you will be notified by finding
	Date of expiry / /		Continued on the next page
	Issuing authority/Place of issue as shown in your passport		

Make sure your passport is valid for the period of stay you are

applying for.

#### Children included

13

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.

Are there any children included in your passport who will be travelling with you?  No  Yes  Sive details				
Family name Given names Sex	Male	Female		
Date of birth		DAY MONTH YEAR		
Country of bir	th			
Family name Given names Sex	Male	Female Day Month YEAR		
Date of birth		/ /		
Country of bir	th			
Family name Given names Sex Date of birth Country of bir	Male th	Female DAY MONTH YEAR		
Family name Given names Sex Date of birth Country of bir	Male th	Female DAY MONTH YEAR		
Family name Given names				
Sex  Date of birth	Male	Female DAY MONTH YEAR		
Country of bir	th			

If insufficient space, attach additional details.

## Other information

4	Do you have any relatives, friends or contacts in No ☐ Yes ☐ ▶ Give details	Australia:					Citizen or permanent resident of
	Full name	Relationship to you	Date o			Address	Australia? (YES or NO)
		to you	DAY MO	NTH YEAR			(,
			/	/			
			/	/			
			/	/			
	If insufficient space, attach additional details.						
5	What is the purpose of your visit to Australia?						
16	In the last 5 years, have you, or have any children included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months?			No	Yes	Give details	
17	Do you, or any children included in this application, intend to enter an Australian hospital, health care facility, nursing home for any purpose?			No	Yes•	Give details	
18	<ul> <li>Have you, or any children included in this application:</li> <li>ever had, or currently have, tuberculosis?</li> <li>been in close contact with a person who has, or has had, active tuberculosis?</li> <li>ever had a chest x-ray which showed an abnormality?</li> </ul>			No	Yes•	Give details	
19	<ul><li>hepatitis B require</li><li>HIV infection, including AIDS any for</li></ul>	cur, medical co	osts, or that has Imission	No	Yes	Give details	
20	Do you require assistance with mobility or care in or overseas?	ı Australia		No	Yes	Provide details of the care/mobile to you and how they are address	
21	1 Do you intend performing medical procedures (eg. doctor, dentist, nurse etc.) during your stay in Aust		ing/trainee	No	Yes	Provide details of medical/denta you may be involved with in Aus	

22	Have you, or any children included in this				Assistance wun ins form
	application, ever:			24	Did you receive assistance in completing this form?
	<ul> <li>been convicted of a crime or offence in any country (including any conviction which is</li> </ul>				No
	now removed from official records)?	No	Yes		Yes Please give details of the person who assisted you
	<ul> <li>been charged with any offence that is currently awaiting legal action?</li> </ul>	No	Yes		Title: Mr Mrs Miss Ms Other
	<ul> <li>been acquitted of any criminal offence or other offence on the grounds of mental illness, insanity or unsoundness of mind?</li> </ul>	No	Yes		Family name Given names
	<ul> <li>been removed or deported from any country (including Australia)?</li> </ul>	No	Yes		Address
	<ul> <li>left any country to avoid being removed or deported?</li> </ul>	No	Yes		
	• been refused a visa for Australia or another country?	No	Yes		Telephone number or daytime contact
	<ul> <li>been excluded from or asked to leave any country (including Australia)?</li> </ul>	No	Yes		COUNTRY CODE AREA CODE NUMBER  Office hours ( ) ( )
	<ul> <li>committed, or been involved in the commission of war crimes or crimes against humanity or human rights?</li> </ul>	No 📄	Yes 🗍		Mobile phone
	been involved in any activities that would represent a risk to Australian national	No 🗍	Yes 🗍	25	Is your agent registered with the Migration Agents Registration Authority (MARA)?
	<ul><li>security?</li><li>had any outstanding debts to the Australian Government or any public authority in</li></ul>	NO	165		No Yes ▶ Go to Question 28
	Australia?	No	Yes	26	Is your agent in Australia?
	<ul> <li>been involved in any activity, or been convicted of any offence, relating to the illegal movement of people to any country (including Australia)?</li> </ul>	No	Yes		No
	<ul> <li>served in a military force or state sponsored/private militia, undergone any military/paramilitary training, or been trained in weapons/explosives use (however</li> </ul>			27	Did you pay the person and/or give a gift for this assistance?  No
	described)?  If you answered 'Yes' to any of the above question	No ons. provide	Yes all the		AUD AND/OR What kind of gift did you give? (eg. jewellery)
	relevant details. If insufficient space, attach an ac				
					Value of gift (approximately)
					AUD
23	<ul> <li>Have you, or any children included in this application</li> <li>been in Australia and not complied with visa of departed Australia outside your authorised per had an application for entry to or further stay or had a visa for Australia cancelled?</li> </ul>	conditions or eriod of stay	?		
	No  Yes  ● Give details				

Assistance with this form

# Options for receiving written communications

28	All written communications (Tick one box only)	about this application should be sent to:	30		of the person who is authorised on your behalf to en communications about this application.
	Myself	All written communications will be sent to the address for communications that you have provided in this form. Go to Question 36		Title: Mr	Mrs Miss Ms Other
	Australian registered migration agent OR Offshore agent	Go to Question 33		Given names	pient's postal address
	Agent exempted	You must complete form 956 Appointment			
	from registration	of a migration agent and attach it to this application form. Go to Question 36			POSTCODE
	Authorised recipient	This is a person authorised to only receive		Telephone num	ber or daytime contact COUNTRY CODE AREA CODE NUMBER
	. острон	written communications. All written communications that would otherwise		Office hours	( ) ( )
		have been sent to you in relation to this application will be sent to that person.		Mobile phone	
29	information about you, you or be revealed, in the cours for medical investigation, or results of criminal history of	d person to receive health and/or character r spouse or your dependants, that may arise, se of this application (for example, requests ther health information about you, or the checks)?	31	As the authoris department cormeans?	ed recipient consent  ed recipient named on this form, do you agree to the mmunicating with you by fax, e-mail or other electronic
	No			No	
	Yes			Yes ▶ Giv	re details  COUNTRY CODE AREA CODE NUMBER
				Fax number	( ) ( )
				E-mail address	
			32		nd accept that I am the person appointed by the ceive all written communications.
				Signature of authorised recipient	
					DAY MONTH YEAR
				Date	/ /

Authorised recipient details

migration agent, go to Question 33

Note: Do NOT complete this section if you are acting as a

Continued on the next page

Now go to Question 36

## Agent details

Provide the details requested below about the agent who is authorised to act on your behalf and to receive all written communications about this application. 7 DIGITS Migration Agent Registration Number (MARN) 7 DIGITS Offshore Agent ID Number (if allocated by the department) Mr Mrs Ms Other Family name Given names Business or company name Postal address POSTCODE Telephone number or daytime contact NUMBER Office hours Mobile phone Agent consent As the agent named on this form, do you agree to the department communicating with you by fax, e-mail or other electronic means? No Give details Yes COUNTRY CODE AREA CODE NUMBER Fax number E-mail address I understand and accept that I am the person appointed by the applicant to receive all written communications and act as his/her agent. Signature of agent

## Payment details

**36** How will you pay your application charge?

preferred methors check with the	g in Australia, debit card or credit card are the ods of payment. If applying outside Australia, please Australian Government office where you intend to lodge a as to what methods of payment they can accept.					
Bank cheque						
Money order						
Debit card						
Credit card	☐ ▶ Give details below					
Payment by (tic	ck one box)  Australian Dollars					
Mastero	card Diners Club					
American Expr	ress JCB AUD					
\	visa					
Credit card nun	nber					
: : :						
Expiry date	ONTH YEAR : / :					
Cardholder's na	ıme					
Telephone	COUNTRY CODE AREA CODE NUMBER					
numbers Address	( ) ( )					
Auul 655						
	POSTCODE					
Signature of						
cardholder						
Credit card info	rmation will be used for charge paying purposes only.					

DAY

Date

MONTH

YEAR

#### **Declaration**

- 37 Having read the 'Conditions for a tourist visa to Australia' on page 4 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 period of stay of my visa. 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, or in documents given to me by the department about the grant of my visa, 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 before the end of the period of stay authorised by my visa 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					
	DAY	MON	ГН	YEAR	_
Date		/	/		

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