



STATUTORY DECLARATION

This declaration must be made before a prescribed person. Please see Schedule 1 to the [Statutory Declarations Regulations 2023](#) for a current list of persons before whom a statutory declaration may be made.

I, (full name of applicant)

of (address)

occupation

hereby apply for registration as a migration agent in Australia in accordance with the Trans - Tasman mutual recognition principle in relation to equivalent occupations.

I make the following declaration under section 9 of the *Statutory Declarations Act 1959*:

- 1) The information I have provided on this form, and any attachments, is complete, accurate and up to date in every detail.
- 2) I am currently a licensed immigration adviser in New Zealand registered with the Immigration Advisers Authority.
- 3) My licence as an immigration adviser submitted with the application is the original or a complete and accurate copy of the original.
- 4) My licence has not been cancelled nor is it currently suspended in New Zealand as a result of any disciplinary action.
- 5) I have not been prohibited from operating as an immigration adviser nor am I subject to any special conditions as a result of criminal, civil or disciplinary proceedings relating to my licence as an immigration adviser.
- 6) **Special Conditions (tick one)**
 - ☐ **There are no special conditions that apply to me as a licensed immigration adviser.**
 - ☐ **The special conditions specified at paragraph of this form apply to me as a licensed immigration adviser.** (List any special conditions)
- 7) I am not the subject of disciplinary proceedings relating to my licence as an immigration adviser.
- 8) I am not the subject of any preliminary investigations or action that might lead to disciplinary proceedings relating to my licence as an immigration adviser.
- 9) I understand that if information in my application or supporting documents are found to be forged, false or altered, my registration will be refused or cancelled.

- 10) I give consent for the Office of the Migration Agents Registration Authority to make inquiries of, and to exchange information with, the New Zealand Immigration Advisers Authority or any other relevant authorities in Australia or New Zealand, regarding my activities as a licensed immigration adviser or other relevant matters.
- 11) I consent to the disclosure of my name, address and date of birth to necessary entities to seek public information relating to bankruptcy or corporate involvement.
- 12) I will comply with all the duties of a migration agent set out in the *Migration (Migration Agents Code of Conduct) Regulations 2021*.
- 13) I believe that the statements in this declaration are true in every particular, and I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, the punishment for which is imprisonment for a term of 4 years.

Signature of Applicant

Declared at _____ on this _____ day of 20____

Email address of Applicant:

Telephone Number of Applicant:

Before me (signature of person observing the declaration being made)

Full name of person observing the declaration being made

Qualification of person observing the declaration being made

Address of person observing the declaration being made

Email address of the person observing the declaration being made

Telephone Number of the person observing the declaration being made