



Australian Government

Department of Home Affairs

# Consent for the Department to communicate with you electronically

Form  
**1193**

## Purpose of this form

The purpose of this form is to seek your consent to the Department of Home Affairs (the Department) communicating with you electronically, for example in order to send you documents.

The Department may use a range of means to communicate with you. However, electronic means such as fax or email will only be used if you indicate your agreement to receive communication in this way.

Electronic communications, unless adequately encrypted, are not secure and may be viewed by others or interfered with. If you agree to the Department communicating with you by electronic means, the details you provide will only be used by the Department for the purpose for which you have provided them, unless there is a legal obligation or necessity to use them for another purpose, or you have consented to their use for another purpose. Your details will not be added to any mailing list.

If you authorise another person to receive documents on your behalf and they wish to be contacted electronically, their signature is required on the form to indicate their consent to this form of communication on your behalf.

## Important information about privacy

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (within the Department, to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in form 1442i *Privacy notice*. Form 1442i is available from the Department's website <https://immi.homeaffairs.gov.au/help-support/departamental-forms> or offices of the Department. You should ensure that you read and understand form 1442i before completing this form.

Please open this form using Adobe Acrobat Reader.  
Either type (in English) in the fields provided or print this form  
and complete it (in English) using a pen and BLOCK LETTERS.

Tick where applicable ☒

## Person details

**1** Family name

Given names

Day Month Year

Date of birth

File number

**2** Do you agree to the Department communicating with you electronically?

No ☐

Yes ☐ Give details

Fax number

Email address

**Signature**



Day Month Year

Date

If you have authorised another person to receive documents from the Department on your behalf, please have them complete this section.

## Consent by authorised person, migration agent or legal practitioner

### 3 I understand and agree to the Department communicating with me electronically on behalf of the person named at Question 1.

Family name

Given names

Fax number

Email address

Tick one box only

Authorised person ☐

Migration agent ☐ Migration Agent Registration Number

:	:	:	:	:
---	---	---	---	---

 7 Digits

Legal practitioner ☐

Legal Practitioner Number (LPN)

5 : 5	:	:	:	:
-------	---	---	---	---

 7 Digits

### 4 DECLARATION

**Warning:** Under the *Migration Act 1958*, there are penalties for deliberately giving false or misleading information.

I declare that:

- the information I have supplied in this application is complete, correct and up-to-date in every detail.
- I have read the information contained in form 1442i *Privacy notice*.
- I understand the Department may collect, use and disclose my personal information (including biometric information and other sensitive information) as outlined in form 1442i *Privacy notice*.

**Signature of authorised person, migration agent  
or legal practitioner**



Day Month Year

Date