

Australian Government

Department of Immigration and Multicultural and Indigenous Affairs

Application for a Business (Short Stay) visa (for a stay of up to 3 months)

Who should use this form?

Genuine business visitors seeking short-term entry to Australia of up to 3 months for purposes such as: official visits, to attend meetings, training purposes, building inspections or equipment installation.

• If you want to apply for a Sponsored Business Visitor (Short Stay) visa you will need to complete form 1238, and your sponsor will need to complete form 1235.

Requirements

- Your personal attributes and business background should be relevant to the nature of your proposed business in Australia;
- There should be a demonstrated need for you to be in Australia for business purposes;
- You must have adequate funds for your personal support during your stay in Australia; and
- You must not undertake business-related employment or training activity that could have an adverse impact on the employment or training opportunities of Australian citizens or Australian permanent residents.

If you are coming to Australia for one of the following purposes you would generally be required to complete a different application form:

a tourist, a religious worker, an entertainer, a medical practitioner, for medical treatment, to attend primary or secondary school, to engage in a course leading to a degree, diploma, trade certificate or formal award.

Business (Short Stay)

This is an application for a single or multiple entry visa which provides for a stay of up to 3 months on each arrival. As the travel validity date can vary, you should check the travel validity date on your visa label.

An application for a Business (Short Stay) visa can only be made outside Australia.

Application checklist

With your completed and signed application form 456, you must include:

your valid passport and the valid passport of accompanying family members included in your application. The passport must be valid for at least the duration of your intended visit to Australia;

the Visa Application Charge (VAC). Check with the relevant Australian Mission for the appropriate method of paying the VAC. If the Australian Mission overseas has advised that you may pay by credit card, complete the payment details on page 9 of this form. You should be aware that the visa application charge is not refundable regardless of the outcome of your application;

you may authorise another person to receive all written communications about your application with the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA). To do this, you will need to complete the sections of the form with the headings *Options for receiving written communications* and *Authorised person details*;

details of how you want your passport returned (if by mail, you should include a passport sized envelope with your address and sufficient postage).

Additional documentation check list

You should be aware that under the *Migration Act 1958*, decision-makers are not obliged to request additional information from the applicant before making a decision on a visa application. It is therefore recommended that you submit the following documentation with your application:

evidence of your proposed business in Australia eg. letter of invitation, conference registration details, employment contract etc;

evidence that you have adequate funds for your personal support during your stay in Australia eg. bank statements, letter from your financial institution concerning your financial position;

evidence that your business background is relevant to the nature of your proposed business in Australia eg. evidence of educational qualifications, evidence of current employment position and your role during the visit, details of any previous contacts with Australian business people or organisations, documentation indicating that the company is an actively operating business (business registration certificate, annual report);

evidence that there is a need for you to be in Australia for business purposes eg. a letter from your employer detailing the reasons for your visit, a letter of invitation from the host organisation in Australia, an itinerary with contact details of the business parties involved.

Continued on the next page

Residential address

You must provide the address of where you intend to live while your application is being dealt with. Failure to give a residential address in your application will result in your application being invalid. A Post Office box address will not be accepted as your residential address.

Health insurance

It is recommended that you take out health insurance for you and your family for the period of your stay in Australia. You will not be covered by Australia's national health scheme, unless you are covered by a reciprocal health care agreement.

Vaccinations

If it is your intention to enrol your child in an Australian school or childcare centre (creche or preschool) during your visit to Australia, you are strongly recommended to carry certification of your child's vaccination status. Vaccination is recommended against polio, tetanus, measles, mumps, rubella, diphtheria, pertussis (whooping cough), haemophilus influenzae hypo (Hib), and hepatitis B. Certification may be sought at time of enrolment. **Note:** Vaccination against rubella is also recommended for women of child-bearing age.

Who can you include in this application?

You can include in this application any family members who will accompany you on your visits to Australia. Family members include spouse and unmarried dependent children.

Conditions

- You must answer all questions on this form honestly and completely. False or misleading information may lead to refusal or cancellation of your visa, or penalties while in Australia.
- Although your intended business activities may vary from one visit to another, you must NOT engage in any work in Australia that might otherwise be carried out by an Australian citizen or resident. A breach of this may lead to visa cancellation and your removal from Australia.
- If you are granted a Business (Short Stay) visa, the 8503 – No Further Stay condition may be applied after an assessment of your application. This condition means that the holder of the visa on which the condition is imposed will not, after entering Australia, be entitled to be granted any other visa¹, while the holder remains in Australia.

Authorisation of a person to receive written communications

You may authorise another person to receive all written communications about your application with DIMIA. To do this you will need to complete the sections of the form with the heading *Options for receiving written communications* and *Authorised person details*. The authorised person will need to sign at the section *Authorised person details*. You can only appoint one authorised person at any time.

If you nominate an authorised person DIMIA will send to that person any written communications relating to your application that would otherwise have been sent to you. You will be taken to have received any documents sent to that person as if they had been sent to you.

If you decide to change the authorised person that you have nominated after you have lodged your application, you must promptly advise DIMIA in writing of the details of that person.

Authorisation of a migration agent to act on your behalf

If you have a migration agent acting on your behalf in relation to your application, you need to complete the sections of the form with the heading *Options for receiving written communications* and *Migration agent details*. The migration agent will need to sign at the section *Migration agent details*.

Appointing a migration agent to act on your behalf includes authorising DIMIA to send to that agent any written communication about your application that would otherwise have been sent to you. You will be taken to have received any documents sent to that agent as if they had been sent to you.

When you provide details of the migration agent, please make sure you give the agent's 7-digit migration agent registration number (MARN) and the agent's full name.

If you change your migration agent or end his/her appointment after you have lodged this application, you must promptly advise DIMIA by using form 956 *Appointment of a migration agent or exempted agent*, which is available on the DIMIA website or from your migration agent. You should also notify the agent of this, preferably in writing.

Using a migration agent

You are not required to use a migration agent to assist with your application. However, if you intend to use a migration agent, you are advised to use a registered migration agent.

Under Australian law, anyone who uses knowledge of migration procedures to offer immigration assistance to a person wishing to obtain a visa to enter or remain in Australia must be registered.

A list of registered migration agents is available from the Migration Agents Registration Authority (MARA) website www.themara.com.au

You can contact the MARA at:

PO Box Q1551 QVB NSW 1230 AUSTRALIA

Telephone: 61 2 9299 5446 Facsimile: 61 2 9299 8448 E-mail: themara@themara.com.au

Registered migration agents are bound by the Migration Agents Code of Conduct and generally charge for their services. The MARA investigates complaints against registered migration agents and may take disciplinary action against them. If you have a concern about a registered migration agent, you should contact the MARA. You can also download a copy of the complaint form from the MARA's website.

¹Except in extremely limited circumstances which are outside your control, or to engage Australia's protection obligation under the 1951 UN conventions relating to the status of refugees.

About the information you give in this form

DIMIA is authorised to collect information provided on this form under Part 2 of the *Migration Act 1958* 'Control of Arrival and Presence of Non-Citizens'. The information provided will be used to assess the applicant's eligibility to sponsor a visitor and for other purposes relating to the administration of the Migration Act.

The information provided might also be disclosed to agencies who are authorised to receive information relating to adoption, border control, business skills, citizenship, education, health assessment, health insurance, health services, law enforcement, payment of pensions and benefits, taxation, review of decisions and registration of migration agents.

Relevant information about you will be disclosed to Federal, State and Territory police to assist in your location and possible detention in the event that you become an unlawful non-citizen. You will become an unlawful non-citizen if your visa ceases (by cancellation for breach of visa condition for example) or expires and you do not hold another visa authorising you to remain in Australia.

The information on this form, including the results of any tests for Human Immunodeficiency Virus (HIV), will be used to assess your health for an Australian visa. A positive HIV or other test result will not necessarily lead to a visa being denied. Your result(s) may be disclosed to the relevant Commonwealth, State and Territory Health agencies.

Form 1163i *Health requirement for temporary entry to Australia* provides additional information on Australia's visa health requirements. This form is available at DIMIA offices or via the internet at **www.immi.gov.au**

The collection, access, storage, use and disclosure by DIMIA of the information you provide in the form is governed by the *Privacy Act 1988* and, in particular, by the 11 Information Privacy Principles. The information form 993i *Safeguarding your personal information*, available from DIMIA offices, gives details of agencies to which your personal information might be disclosed.

The *Freedom of Information Act 1982* also relates to your personal information. Under this Act you can apply for access to documents containing your personal information. You or someone authorised to access information on your behalf can apply to do this at any DIMIA office in Australia. There is no fee for accessing your own information. If you are overseas, you must provide an address in Australia to which copies of your personal records can be sent. More information on how to make a request under the *Freedom of Information Act 1982* is given on the form 424 *Request for access to documents under the Freedom of Information Act 1982*.

Consent to communicate electronically

DIMIA may use a range of means to communicate with you. However, electronic means such as fax or e-mail will only be used if you indicate your agreement to receiving communication in this way.

To process your application DIMIA may need to communicate with you about sensitive information, for example, health, police checks, financial viability and personal relationships. Electronic communications, unless adequately encrypted, are not secure and may be viewed by others or interfered with. If you agree to DIMIA communicating with you by electronic means, the details you provide will only be used by DIMIA 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 use for another purpose. They will not be added to any mailing list.

The Commonwealth Government accepts no responsibility for the security or integrity of any information sent to DIMIA over the internet or by other electronic means.

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. You may use form 1231 *Appointment of authorised person* for this purpose. This page is intentionally blank

Australian Government Department of Immigration and Multicultural and Indigenous Affairs	Appl Business (for a staj	lication for a (Short Stay) visa y of up to 3 months)	Form 456
 When do you wish to visit Australia? DAY MONTH YEAR From / / / to Do you expect to make more than one entry this visit? (eg. a side trip to New Zealand) No Yes Provide details 	DAY MONTH YEAR	 11 Your current residential address Note: A Post Office box address is not accept address. Failure to give a residential address w being invalid. 12 Address for correspondence (If the same as your residential address, write) 	ill result in your application
Part A – Your details 3 Give your details as shown in your passport Family name		 13 Your contact numbers Office hours (AREA CODE) After hours or mobile/cell 14 Do you agree to DIMIA communicating with yor other electronic means? NoYes Give details Facsimile number (AREA CODE) 	POSTCODE
 De facto Widowed 7 National Identity number <i>(if applicable)</i> 		E-mail address 15 Your employment details Employed	
 8 Passport details Passport number Country DAY MONTH YEA Expiry date / / Make sure your passpor period of stay you are as 9 Of which countries are you a citizen? 	ort is valid for the	Self-employed Give details of employed Address Address Position you hold How long have you been employed by this employer/	pr/business
10 Current occupation		business? YEAR	s MONTHS

Part B – Business activities

16	Describe your intended principal business activity in Australia	19	Do you, or does any member of your family unit included in this application:intend entering an Australian hospital <i>(including nursing homes)</i> for	
			work, training, treatment or visiting?	
	Australian business contact		No Yes > Please provide full details. If insufficient space, attach	
	Contact person		an additional statement.	
	Business name (if applicable)			
			intend to work in an Australian preschool-aged child care centre	
	Telephone number (AREA CODE)		<i>(including preschools and creches)</i> as an employee or trainee?	
17	Will you be in paid employment in Australia? No		Yes Please provide full details. If insufficient space, attach an additional statement.	
	Yes Provide details of your employment in Australia			
	Occupation			
	Employer's name			
		20	Have you, or has any member of your family unit included in this application:	
	Contact person		ever had, or currently have, tuberculosis?been in close contact with a person who has, or has had, active tuberculosis?	
			 ever had a chest x-ray which showed an abnormality? 	
	Telephone number (AREA CODE)			
	Part C – Health		No Yes > Please provide full details. If insufficient space, attach	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit		No	
18	Part C – Health		No Yes > Please provide full details. If insufficient space, attach	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual		No Yes > Please provide full details. If insufficient space, attach	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months?		No Yes > Please provide full details. If insufficient space, attach	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months? No		No Yes > Please provide full details. If insufficient space, attach	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months? No	21	No	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months? No	21	No Yes Please provide full details. If insufficient space, attach an additional statement.	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months? No	21	No	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months? No	21	No	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months? No	21	No	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months? No	21	No	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months? No	21	No	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months? No	21	No	
18	Part C – Health In the last 5 years, have you, or has any member of your family unit included in this application, visited or lived outside your country of usual residence for more than 3 consecutive months? No	21	No	

Part D – Character

 2 Have you, or has any member of your family unitapplication, ever: been convicted of a crime or offence in any country (including any conviction which is now removed from official records)? been charged with any offence that is currently awaiting legal action? 	t included in t No	his Yes Yes	24	Give details of each family member who is included in this application <i>(including those shown in your passport, if they are accompanying you).</i> Provide details as shown in the person's passport. Each person must sign the form where indicated below. If the person is too young to sign, the parent or guardian may sign on their behalf. By signing, they are making the same declaration as at Question 27. Accompanying family members
 been acquitted of any criminal offence or other offence on the grounds of mental illness, insanity or unsoundness of mind? 	No	Yes	1	Family name Given names
• been removed or deported from any country (including Australia)?	No	Yes		Sex Male Female DAY MONTH YEAR Date of birth
 left any country to avoid being removed or deported? 	No	Yes		Nationality
 been excluded from or asked to leave any country (including Australia)? 	No	Yes		Passport number DAY MONTH YEAR
 committed, or been involved in the commission of war crimes or crimes against humanity or human rights? 	No	Yes		Passport expiry date / / / Country of birth
 been involved in any activities that would represent a risk to Australian national security? 	No	Yes		Relationship Signature of this person
 had any outstanding debts to the Australian Government or any public authority in Australia? 	No	Yes		Date / /
 been involved in any activity, or been convicted of any offence, relating to the 	No	Yes	2	Family name Given names
illegal movement of people to any country (including Australia)?				Sex Male Female
 served in a military force or state sponsored/private militia, undergone any 	No	Yes		Date of birth / /
military/paramilitary training, or been trained				Nationality Passport
in weapons/explosives use (however described)?				number DAY MONTH YEAR
If you answered 'Yes' to any of the above questi	ons, provide a	all relevant		Passport expiry date / /
details. If insufficient space, attach an additional	statement.			Country of birth
				Relationship
				Signature of

Date

this person

DAY MONTH

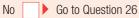
1

YEAR

Continued on the next page

Part E – Accompanying family members Family member includes your spouse and unmarried dependent children.

23 Are there any family members who are to be included in this application (including those shown in your passport)?



Yes

Give details of accompanying family members at Question 24

Part F – Assistance	with	this	form
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3	Family name Given name Sex Date of birth Nationality Passport number Passport ex Country of b	S Male Female DAY MONTH YEAR DAY MONTH YEAR DAY MONTH YEAR piry date / /	26	Did you receive assistance in completing this form? No Go to Question 29 Yes Please give details of the person who assisted you Family name (not a business or company name) Given names Address
	Relationship Signature of this person Date	of	27	POSTCODE Is the person a registered migration agent? No
25	please atta			Yes What is his/her Migration Agent Registration Number (MARN)?
	No Pes	Provide details	28	Did you pay the person and/or give a gift for this assistance? No
			29	All written communications about this application should be sent to:
				 (Tick one box only) Myself All written communications will be sent to the address for communications that you have provided in this form. Go to Question 37 Migration agent Go to Question 34 Authorised Frise a person authorised to receive written communications other than a migration agent. All written communications that would otherwise have been sent to you in relation to this application will be sent to that person.
			30	Do you want the authorised person to receive requests for medical investigation or information about your health, or the health of your spouse or dependants, that may arise or be revealed in the course of this application? No

Part H – Authorised person details

Note: Do **NOT** complete this section if you are a migration agent, go to Question 34

31 Provide the name and address of the person who is authorised on your behalf to receive all written communications about this application.

	Title: Mr Mrs	Miss	Ms	Other	
	Family name				
	Given names				
	Address				
			F	POSTCODE	
32	As the authorised per communicating with ye No Yes Give deta	ou by facsimile,		•	
	_	COUNTRY CODE	AREA CODE	NUMBER	
	Facsimile number	() ()		
	E-mail address				
	Note: If this visa app	lication is refus	ed, you will be	notified by mail	
33	I understand and acc			•	

Signature of authorised person	
Date	DAY MONTH YEAR
Now go to Que	stion 37

Part I – Migration agent details

34 Provide the details requested below about the migration agent who is authorised to act on your behalf and to receive all written communications about this application.

communications about this application.					
Migration Agent Registration 7 DIGITS Number (MARN) : : : : :					
Title: Mr Mrs Miss Ms Other					
Family name					
Given names					
Business or company name					
Postal address					
POSTCODE					
Telephone COUNTRY CODE AREA CODE NUMBER					
number () ()					
As the migration agent named on this form, do you agree to DIMIA communicating with you by facsimile, e-mail or other electronic means?					

No							
Yes Give details							
	COUNTRY CODE AREA CODE NUMBER						
Facsimile number	() ()						
E-mail address							
Note: If this visa application is refused, you will be notified by mail							
I understand and accept that I am the person appointed by the applicant to receive all written communications and act as his/her migration agent.							

Signature of migration agent				
	DAY	MONTH	YEAR	
Date		/ /		

35

36

Part J – Declarations

37 Applicant

- The information on this form is correct.
- I have adequate funds to meet all costs associated with my visit to Australia for myself and those included in this application.
- I will abide by the conditions of the visa.
- I have never had tuberculosis or any serious condition likely to endanger or be a cost to Australia (otherwise, I attach details).
- I have never been convicted of a crime or any offence in any country; I have not been charged with any offence that is awaiting legal action; I do not have an outstanding debt to the Australian government or any public authority in Australia (otherwise, I attach details).
- 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.

Signature of applicant		
	DAY MONTH Y	'EAR
Date	/ /	

38 Parent/guardian

Where the applicant is under 18 years of age, I am not aware of any reason why the applicant should not travel to Australia (*the custody/access rights of another person are not affected*).

Signature of parent/ guardian				
_	DAY	MONTH	YEAR	
Date		/ /		

Part K – Payment details

How will you pay your application charge?	
Bank chequ	Immigration and Multicultural and
Money orde	er Indigenous Affairs
Credit car	rd Give details below
Payment by <i>(tick one box)</i> Australian Dollars	
Master	Card Visa Visa
Banko	card Diners Club \$
American Exp	ress JCB
Credit card nun	nber
: : : :	
Expiry date	MONTH YEAR · / ·
	11116
Telephone	(AREA CODE)
Address	
	POSTCODE
Signature of	
cardholder	

Credit card information will be used for charge paying purposes only.