



Important – Please read this information carefully before you complete your request. Once you have completed your request we strongly advise that you keep a copy of your records.

## Who should complete this request

Complete this request if you are seeking:

- your own international movements record(s) (where the request includes records less than 30 years old);
- another person's international movements record(s) (where the request includes records less than 30 years old) AND you have their authorisation.

## Who should NOT complete this request

- Do not use this request if you are seeking another person's international movement record(s) and/or passenger card(s) (less than 30 years old) AND you DO NOT have that person's authority to do so. You will be required to lodge a Freedom of Information (FOI) request.
- In order for FOI to disclose to an FOI applicant without authority from the person who the record is about, it must be demonstrated that disclosure of that person's information is reasonable.
- For more information about making a valid FOI request please refer to form 424A available from the Department of Immigration and Border Protection (the department) website [www.immi.gov.au/allforms/](http://www.immi.gov.au/allforms/)
- For international movement records requests where all the movements requested are more than 30 years old contact National Archives Australia [www.naa.gov.au](http://www.naa.gov.au)

## Proof of identity

An applicant making an over the counter request will need to provide a source of photographic identity, such as a current passport or drivers licence, for the processing officer to sight at the time of application.

Mailed requests should attach a **certified** copy of a photographic identity document, such as a passport or drivers licence. **Certified** copies are stamped as being true copies of the original by an authorised person.

An authorised person includes a solicitor, migration agent, Justice of the Peace or a Commonwealth Public Servant with 5 years service.

## Can another person make a request on your behalf?

If you ask another person, such as a solicitor or migration agent to make a request on your behalf, you will need to provide written authority, by completing Part C, allowing that person to act on your behalf. The department can contact that person about your request and send that person your documents.

If you change your solicitor or migration agent, it is important that you advise the department. If you nominate a solicitor or migration agent to act on your behalf, the documents will be sent to that person.

## Are you seeking information about another person?

To assist the department in providing information about another person to you, you should seek that person's written consent at Part C. As the applicant your details will need to be provided at Part A, and Part B should be completed with details of the movement information you are seeking for the named person at Part C.

## Where to submit the request

All requests should be submitted to any state or territory office of the department or if you are living overseas to the closest Australian mission. These offices will arrange for your request to be processed. For international movement records more than 30 years old please contact the Australian National Archives [www.naa.gov.au](http://www.naa.gov.au)

## Important information about privacy

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (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 [www.immi.gov.au/allforms/](http://www.immi.gov.au/allforms/) or offices of the department. You should ensure that you read and understand form 1442i before completing this form.

## Compliments and complaints

Your compliments, complaints and suggestions are valuable to the department and will improve our products and services. To provide compliments or complaints about any of the department's services, telephone the Global Feedback Unit on **133 177** (toll free in Australia) during business hours, visit the department's website [www.immi.gov.au](http://www.immi.gov.au) or contact the department directly at your nearest office or Australian mission overseas.

## The Ombudsman

If you are not happy with how the department has handled your complaint you can contact the Commonwealth Ombudsman:

Telephone 1300 362 072 (local call charge) 9am to 5pm, Monday to Friday

Email [ombudsman@ombudsman.gov.au](mailto:ombudsman@ombudsman.gov.au)

## Offices of the department in Australia

### New South Wales

#### Parramatta Office

9 Wentworth Street  
PARRAMATTA NSW 2150

Postal address:  
GPO Box 9984  
SYDNEY NSW 2001

#### Sydney CBD Office

Ground Floor  
26 Lee Street  
(near Railway Square)  
SYDNEY NSW 2000

Postal address:  
GPO Box 9984  
SYDNEY NSW 2001

### Victoria

#### Melbourne CBD Office

Ground Floor  
Casselden Place  
2 Lonsdale Street  
MELBOURNE VIC 3000

Postal address:  
GPO Box 241  
MELBOURNE VIC 3001

#### Dandenong Office

Level 5  
76 Thomas Street  
DANDENONG VIC 3175

Postal address:  
GPO Box 241  
MELBOURNE VIC 3001

### Tasmania

#### Hobart Office

Ground Floor  
188 Collins Street  
HOBART TAS 7000

Postal address:  
GPO Box 794  
HOBART TAS 7001

### Queensland

#### Brisbane Office

Ground Floor  
299 Adelaide Street  
BRISBANE QLD 4000

Postal address:  
GPO Box 9984  
BRISBANE QLD 4001

#### Cairns Office

Level 2  
GHD Building  
85 Spence Street  
CAIRNS QLD 4870

Postal address:  
PO Box 1269  
CAIRNS QLD 4870

#### Thursday Island Office

Commonwealth Centre  
Hastings Street  
THURSDAY ISLAND QLD 4875

Postal address:  
PO Box 299  
THURSDAY ISLAND QLD 4875

### Western Australia

#### Perth Office

Ground Floor  
Wellington Central  
836 Wellington Street  
WEST PERTH WA 6005

Postal address:  
Locked Bag 7  
NORTHBRIDGE WA 6865

### South Australia

#### Adelaide Office

70 Franklin Street  
ADELAIDE SA 5000

Postal address:  
GPO Box 2399  
ADELAIDE SA 5001

### Northern Territory

#### Darwin Office

Pella House  
40 Cavenagh Street  
DARWIN NT 0800

Postal address:  
GPO Box 864  
DARWIN NT 0801

### Australian Capital Territory

#### ACT and Regions Office

Ground Floor  
3 Lonsdale Street  
BRADDON ACT 2612

Postal address:  
GPO Box 717  
CANBERRA ACT 2601

*Home page* **[www.immi.gov.au](http://www.immi.gov.au)**

*General  
enquiry line*

Telephone **131 881** during business hours  
in Australia to speak to an operator (recorded  
information available outside these hours).  
If you are outside Australia, please contact  
your nearest Australian mission.

*Please keep these information pages for your reference*



### Instructions

- If this is a personal application please complete Parts A and B.
- If you are the applicant seeking another person's information complete Part A with your details and provide details of the third party at Parts B and C.
- If you are requesting movement records for your child under the age of 18, please complete Part A with your details and provide your child's details in Part D.

Tick where applicable

We strongly advise that you keep a copy of your request and all attachments for your records.

### Part A – Your details

**1** Title      Mr     Mrs     Miss     Ms   
 Other

**2** Full name  
 Family name   
 Given names

**3** Your postal address (within Australia only)  
  
  
 POSTCODE

**4** Your telephone numbers  
 Office hours  (AREA CODE )  
 After hours  (AREA CODE )  
 Mobile/cell

**5** Do you agree to the department communicating with you by fax or email  
 No   
 Yes  Give details  
 Fax number  (AREA CODE )  
 Email address

**6** Your signature  
  
 Date  DAY / MONTH / YEAR

**Note:** You **must** attach original certified proof of identity.

### Part B – Details of movement records

The information given should contain details of whom the international movement request is for. That is either the applicant at Part A or the third party named at Part C.

**7** Details of whom the international movement request is for  
 Family name   
 Given names   
 Date of birth  DAY / MONTH / YEAR  
 Sex      Male     Female

**8** Details from passport  
 Passport number   
 Country of passport   
 Date of issue  DAY / MONTH / YEAR  
 Date of expiry  DAY / MONTH / YEAR  
 Issuing authority/  
 Place of issue as shown in your passport

**9** Have you been known by any other names?  
*(including name at birth, previous married names, aliases)*  
 No   
 Yes  Give details  
 Family name   
 Given names   
 Date of name change  DAY / MONTH / YEAR

**10** Information about arrival/departure

Date range of movements required

from 

DAY	MONTH	YEAR
/	/	

 to 

DAY	MONTH	YEAR
/	/	

**11** Were you born in Australia?

No  Date of first arrival 

DAY	MONTH	YEAR
/	/	

Yes  Date of first international movement 

DAY	MONTH	YEAR
/	/	

**12** Please provide information for movement records prior to 1973?

1. Date of arrival/departure (if known) 

DAY	MONTH	YEAR
/	/	

  
 Name of ship/airline   
 Port of arrival/departure

2. Date of arrival/departure (if known) 

DAY	MONTH	YEAR
/	/	

  
 Name of ship/airline   
 Port of arrival/departure

3. Date of arrival/departure (if known) 

DAY	MONTH	YEAR
/	/	

  
 Name of ship/airline   
 Port of arrival/departure

*If there is insufficient space, attach details on a separate sheet*

**13** Did you arrive in Australia as a child with your parent(s)/family members?

No   
 Yes  Give details

1. Family name   
 Given names   
 Date of birth 

DAY	MONTH	YEAR
/	/	

2. Family name   
 Given names   
 Date of birth 

DAY	MONTH	YEAR
/	/	

**Part C – Consent for agent/third party to act**

**14** Are you requesting movement records for another person (person described in Part B)?

No  **Go to Part D**  
 Yes  Please have them complete the authorisation below

Family name

Given names

Date of birth 

DAY	MONTH	YEAR
/	/	

Address   
  
POSTCODE

Telephone 

COUNTRY CODE	AREA CODE	NUMBER
(     )	(     )	

*whose signature appears below, authorise the person whose details appear in Part A to obtain access to the document(s) described in Part B.*

**Signature of person in Part B**

Date 

DAY	MONTH	YEAR
/	/	

**Signature of person in Part A**

Date 

DAY	MONTH	YEAR
/	/	

**Note:** Third party **must** attach original certified proof of identity.

# Part D – Children under the age of 18 years

**15** Are you requesting documents about child(ren), under the age of 18 years, in your role as parent or guardian?

No

Yes  Provide details of the child (read and sign the statement below if applicable)

Child's full name

Family name

Given names

Date of birth  DAY MONTH YEAR / /

*If there is insufficient space, attach details on a separate sheet*

**16** Information about arrival/departure

Date range of movements required

from  DAY MONTH YEAR / / to  DAY MONTH YEAR / /

**OR**

1. Date of arrival/departure (if known)  DAY MONTH YEAR / /

Name of ship/airline

Port of arrival/departure

2. Date of arrival/departure (if known)  DAY MONTH YEAR / /

Name of ship/airline

Port of arrival/departure

3. Date of arrival/departure (if known)  DAY MONTH YEAR / /

Name of ship/airline

Port of arrival/departure

*If there is insufficient space, attach details on a separate sheet*

**Note:** Parent/Guardian must provide a certified copy of birth certificate for child/children.

**17 WARNING:** Giving false or misleading information is a serious offence.

*I certify that there are no orders:*

- restricting my access to these documents; or
- giving parental responsibility for the child named in this request to another person.

**Your signature**



Date  DAY MONTH YEAR / /

## Office use only

Action by Client Service Section:

Copy and certify client's photo identification

Documents located and issued to client (*letter attached*)

Documents not located, client advised (*letter attached*)

Request sent to Border Operations Support Section for action

Request note created in ICSE

Name of client service officer

Contact details

Address

POSTCODE

Telephone number (AREA CODE )

Email address

Date  DAY MONTH YEAR / /

Additional comments (ie. priority or known urgency)