

MIGRATION (OTHER FAMILY) VISA CHECKLIST (SUBCLASSES 114, 115, 116)

Name of Applicant:		Date Lodged:	
		Date of Birth:	
Mandatory Requirements:			
<input type="checkbox"/> Form: 47OF <input type="checkbox"/> Form: 47A (Each dependant aged 18 or over) <input type="checkbox"/> Form: 80 (every applicant 16 years and older)		<input type="checkbox"/> Form: 40	<input type="checkbox"/> Fee: Tk 90,060 (114, 115) <input type="checkbox"/> Fee: Tk 54,940 (116)
Submitted	Not Submitted		
<input type="checkbox"/>	<input type="checkbox"/>	Certified copy of the passport(s) of all people included in the application (please include 2 certified copies of inside cover and pages 1-5 of current passport)	
<input type="checkbox"/>	<input type="checkbox"/>	4 recent passport-size of all people included in the application. Please print the person's name on the back of each photograph	
<input type="checkbox"/>	<input type="checkbox"/>	Certified copy of the birth certificate(s) of all people included in the application (Note: Birth certificates for children must show the names of both parents) (Note: If birth certificate is issued within last 24 months, other evidence of date of birth – for instance, certified copy of Secondary School Certificate or school admission or discharge papers showing date of birth)	
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of your family relationship to your relative in Australia (If applicable) Certified copy of your sponsor's birth certificate (if born in Australia), Australian citizenship certificate or Australian passport.	
<input type="checkbox"/>	<input type="checkbox"/>	(If applicable) Certified copy of your sponsor's passport showing permanent residence in Australia. Note: If your sponsor is a New Zealand citizen, show evidence of length of residence in Australia.	
<input type="checkbox"/>	<input type="checkbox"/>	(If applicable) Certified copy of evidence of name change (by previous marriage or deed poll)	
<input type="checkbox"/>	<input type="checkbox"/>	(If anyone included in the application has ever been married) Certified copy of the marriage certificate (English), <i>Nikah Nama</i> (Bangla and English) (Note: If non-Muslim marriage, affidavit from Minister of religion, priest or other responsible person indicating under what authority you have been married, place and date of marriage)	
<input type="checkbox"/>	<input type="checkbox"/>	(If applicable) Certified copy of the divorce certificate or the death certificate of a deceased spouse (Note: For Muslim marriages, certificate must be issued and registered by the <i>Kazi</i> office. Death certificate must be issued by the City Corporation/ <i>Pourashabha</i> /Union Council as appropriate)	
<input type="checkbox"/>	<input type="checkbox"/>	(If police check already undertaken) Original police clearance certificate from each country outside Australia where applicant(s) has lived for 12 months or more since the age of 16	
<input type="checkbox"/>	<input type="checkbox"/>	(If applicant has served in the armed forces of any country) Certified copy of military service record or discharge papers	
<input type="checkbox"/>	<input type="checkbox"/>	(If applicable) Certified copy of documents to verify custody and access arrangements for any child under 18 years who is included in the application	
<input type="checkbox"/>	<input type="checkbox"/>	(If applicable) Certified copy of adoption papers for any child who is adopted	
(If Aged Dependent Relative – 114)			
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of financial dependence on your relative in Australia	
(If Remaining Relative - 115)			
<input type="checkbox"/>	<input type="checkbox"/>	Details of relative(s) of you and your spouse (if applicable) resident outside Australia. Include details of current and usual country(ies) of residence of these people	
(If Carer - 116)			
<input type="checkbox"/>	<input type="checkbox"/>	Health Services Australia (HAS appointment letter or certificate)	
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of assistance sought from Australian welfare organisation, health professional, hospital, nursing home or community service	
Staff Name:		Date:	

PLEASE NOTE: ALL ORIGINAL CERTIFICATES, DOCUMENTS AND PASSPORTS MUST BE PRESENTED TO THE AUSTRALIAN HIGH COMMISSION AT TIME OF INTERVIEW

THIS IS NOT AN AUSTRALIAN GOVERNMENT FORM