



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 after 1981);
- another person's international movements record(s) (where the request includes records after 1981) AND you have their written authorisation.

If you require movements records prior to 1981 please contact the National Australian Archives [www.naa.gov.au](http://www.naa.gov.au)

## Proof of identity

All 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. Both parties must provide certified copies of the photographic identity.

## Where to submit the request

Requests should be emailed to [request.movement@border.gov.au](mailto:request.movement@border.gov.au) for records after 1981. Alternatively, mail your request to the nearest state or territory office. Postal addresses are on page 2 of this form. If you are living overseas, send it to the closest Australian mission. These offices will arrange for your request to be processed. For international movement records before 1981, please contact the National Australian 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.border.gov.au/allforms/](http://www.border.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.border.gov.au](http://www.border.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)

## Postal addresses for offices of the department in Australia

### New South Wales

#### Parramatta Office

GPO Box 9984  
SYDNEY NSW 2001

#### Sydney CBD Office

GPO Box 9984  
SYDNEY NSW 2001

### Victoria

#### Melbourne CBD Office

GPO Box 241  
MELBOURNE VIC 3001

#### Dandenong Office

GPO Box 241  
MELBOURNE VIC 3001

### Tasmania

#### Hobart Office

GPO Box 794  
HOBART TAS 7001

### Queensland

#### Brisbane Office

GPO Box 9984  
BRISBANE QLD 4001

#### Cairns Office

PO Box 1269  
CAIRNS QLD 4870

#### Thursday Island Office

PO Box 299  
THURSDAY ISLAND QLD 4875

### Western Australia

#### Perth Office

Locked Bag 7  
NORTHBRIDGE WA 6865

### South Australia

#### Adelaide Office

GPO Box 2399  
ADELAIDE SA 5001

### Northern Territory

#### Darwin Office

GPO Box 864  
DARWIN NT 0801

### Australian Capital Territory

#### ACT and Regions Office

GPO Box 717  
CANBERRA ACT 2601

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



Tick where applicable

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

## Request details

**1** What type of request is this?

Personal application  Complete **Part A, Part B** and **Part E**

Third party seeking another person's information  Complete **Part A** with your details, **Part B** and **Part C** with details of the person whose movements you are seeking, and **Part E**

Parent requesting movement records for your child under 18 years of age  Complete **Part A** with your details, **Part D** with your child's details, and **Part E**

## Part A – Your details

The information given in Part A should contain details of the person making the request.

**2** Title Mr  Mrs  Miss  Ms   
 Other

**3** Full name  
 Family name   
 Given names

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

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

**6** Do you agree to the department communicating with you by fax or email

No   
 Yes  Give details

Fax number  (AREA CODE )

Email address

**7** Your signature

Date DAY / MONTH / YEAR

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

## Part B – Details of movement records

The information given in Part B 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.

**8** Details of whom the international movement request is for

Family name

Given names

Date of birth DAY / MONTH / YEAR

Sex Male  Female

**9** 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

**10** 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

**11** Information about arrival/departure

Date range of movements required

from 

DAY	MONTH	YEAR
/	/	

 to 

DAY	MONTH	YEAR
/	/	

**12** Were you born in Australia?

No  Date of first arrival 

DAY	MONTH	YEAR
/	/	

Yes  Date of first international movement 

DAY	MONTH	YEAR
/	/	

**13** 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*

**14** 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
/	/	

**15** Why do you require the movement records?

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

**16** 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:** Both parties must attach original certified proof of identity.

## Part D – Children under the age of 18 years

**17** 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  / /

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

**18** Information about arrival/departure

Date range of movements required

from  / / to  / /

**OR**

1. Date of arrival/departure (if known)  / /  
 Name of ship/airline   
 Port of arrival/departure

2. Date of arrival/departure (if known)  / /  
 Name of ship/airline   
 Port of arrival/departure

3. Date of arrival/departure (if known)  / /  
 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.

**19** Why do you require the movement records?

**20 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  / /

## Part E – Checklist

**21** Please attach a **certified copy** of the following documents to this request.

Question	Document	Attached
7	Proof of your identity	<input type="checkbox"/>
10	Change of name document (if applicable)	<input type="checkbox"/>
16	Proof of identity for the other person (if applicable)	<input type="checkbox"/>
18	Birth certificate(s) of child(ren) under 18 years of age (if applicable)	<input type="checkbox"/>

### 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 Centre for action
- Request note created in ICSE

Name of client service officer

Contact details

Address   
  
 POSTCODE

Telephone number (AREA CODE  )

Email address

Date  / /

Additional comments (ie. priority or known urgency)